

OASIS

Alabama Department of
Rehabilitation Services



Title VII - Chapter 2
Program Evaluation Report
Federal Fiscal Year 2017



ADRS Mission: "to enable Alabama's children and adults with disabilities to achieve their maximum potential."

Alabama Department of Rehabilitation Services

OASIS Older Alabamians System of Information and Services

Title VII-Chapter 2 Program Evaluation Report Federal Fiscal Year 2017

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Older Alabamians System of Information and Services

Independent Living Services for Older Individuals Who Are Blind

Title VII-Chapter 2 Evaluation Report

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INTRODUCTION

Background

The Alabama Department of Rehabilitation Services (ADRS) is the designated state unit recognized by the federal Rehabilitation Services Administration (RSA) to deliver independent living (IL) services to older adults who are blind in the State of Alabama. The ADRS has a long and distinguished history of providing vision rehabilitation services for older adults who are blind. The program has been successful in procuring federal support for providing IL services for more than 25 years and is one of only eight states that has received federal monies since the initiation of Title VII-Chapter 2 (VII-2) funding. Within ADRS, the Older Alabamians System of Information and Services Program, referred to as the OASIS Program, provides IL services to older adults with visual impairments. ADRS's success in acquiring VII-2 funds since 1987 has substantially contributed to a well-established OASIS Program with a high level of visibility within the state and in the nation.

History of IL services. Throughout the nation, independent living programs serving older individuals who are blind are mostly funded under Title VII-Chapter 2 of the Rehabilitation Act of 1973, as amended. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state vocational rehabilitation (VR) agencies under competitive 3-year demonstration projects (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to

state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at \$15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. (The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million.) These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. IL programs are established in all 50 states, the District of Columbia, and the territories. These programs help older persons adjust to vision loss and to live more independently in their homes and communities.

Under federal regulations (Rehabilitation Act of 1973, as amended, Rule, 7-1-99), IL services for older individuals who are blind may include:

1. services to help correct blindness, such as--
 - A. outreach services;
 - B. visual screening;
 - C. surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and

- D. hospitalization related to such services;
- 2. the provision of eyeglasses and other visual aids;
- 3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
- 4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
- 5. guide services, reader services, and transportation;
- 6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and vision rehabilitation services;
- 7. independent living skills training, information and referral services, peer counseling, and individual advocacy; and
- 8. other independent living services.

Services generally provided by the State IL programs include blindness-specific services such as training in orientation and mobility, communications, and daily living skills; purchase of assistive aids and devices; provision of low vision services; peer and family counseling; and community integration services.

Estimated Prevalence of Visual Impairment in Alabama

Estimates from the 2015 American Community Survey (ACS; Erickson, Lee, & von Schrader, 2017) indicate that Alabama has dropped to the fifteenth highest state prevalence rate for visual impairment (7.0%) among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Historically, Alabama has had one of the higher rates of visual impairment in the United States, although this appears to be changing. The rate of visual impairment among Alabamians 65 and older has been dropping. ACS 2011 data reported a rate of 8.9%, 2012 at 8.2%, 2013 at 7.9%, and 2014 at 7.9%. Despite this positive trend, demand for services is not expected to decrease since baby boomers began turning age 65 in 2011 (Colby & Ortman, 2014). According to the ACS 2015 data for Alabama, the estimated rate of vision

loss broken down by age is as follows: for those 65-74 4.6% and for those ages 75 and older 10.6%. With the prevalence of vision loss increasing with age, the impact on OASIS services will only continue to increase as the baby boomers reach and pass age 75. Prevalence rates of visual impairment for different race and ethnic (Hispanic) groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Alabamians age 65 and above across all races regardless of ethnicity is 7.0% compared with 6.4% for individuals nationwide. This higher prevalence rate is also true for Whites (6.7% vs. 5.8%), but is lower for Blacks (8.4% vs. 9.0%). The state prevalence rates and numbers for Asian Americans, Native Americans/Alaska Natives, and Hispanics with visual impairments are not included because the small sample size of these minority groups results in a large margin of error relative to the estimate.

Table 1: Alabama and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2015 ACS

Race/Ethnicity	Alabama		U.S.
	%	Number	
White, non-Hispanic	6.7%	39,600	5.8%
Black, non-Hispanic	8.4%	11,800	9.0%
Native American, Alaska Native, non-Hispanic*			11.8%
Asian American, non-Hispanic*			5.1%
Other, non-Hispanic*			8.9%
Hispanic, all races*			9.6%
Total, all races/ethnicity	7.0%	52,500	6.4%

*Margin of Error relative to sample size precludes making reliable estimates of percentages and numbers.

The OASIS Service Delivery Model

Mission, goals, and objectives. The mission of the ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential." This mission is driven by common values, which are communicated to

all staff and the general public via a document referred to as the "Blueprint for the 21st Century." The primary value underpinning the ADRS mission is to promote the worth, dignity, and rights of persons with disabilities. Within ADRS, the overall goal of the OASIS Program is to enhance the level of independence among the State's older population who are blind or visually impaired. To be eligible for the OASIS program, individuals must be age 55 or older, reside in the State of Alabama, and be blind or functionally visually impaired. In evaluating program success in meeting its goal and to provide a more scientific basis for assessing ongoing program efficacy, administrative staff are considering development of clearly defined and measurable objectives.

OASIS Network. The OASIS model is founded upon a consumer-centered design that incorporates a broad range of service providers who are linked in a systematic fashion under an umbrella known as the OASIS Network. The Network includes over 40 agencies, organizations, and consumer groups serving the population of older individuals. Ongoing collaborations and partnerships within the network organizations maximize opportunities for OASIS consumers to receive a comprehensive and evidenced-based array of IL services and support. This comprehensive delivery of services—including a peer support network, a high level of collaboration and cross training with other organizations, coordination of a corps of service providers, and opportunities for joint marketing and outreach activities—promotes independence among the State's older adults with visual impairments. Building and maintaining collaborative partnerships is critical to augmenting traditional itinerant services in the home and center-based IL instruction across the state. Examples of FFY 2017 collaborative activities included:

- Staff participated in Older Americans Month activities in May in several areas of the state.
- OASIS Program Coordinator participated in public hearings for the United Way Area Agency on Aging and the Middle Alabama Area Agency on Aging.
- The OASIS Program Director represents ADRS and OASIS at the Alabama Vision Coalition meetings held quarterly. OASIS staff participated in events hosted by the Coalition for consumers in April and also for professionals at the Alabama Vision Summit in October 2016.

A list of collaborative activities is included in OASIS program highlights in the Site Review section of this report.

Direct service staffing. The ADRS benefits from a long standing “joint service agreement” (beginning in the 1950s) with the Alabama Institute for the Deaf and Blind (AIDB) to provide funding to support personnel expenses for a majority of the service delivery staff in the OASIS Program. The joint service agreement with AIDB greatly strengthens the ability of ADRS staff to work with the older blind population in all 67 counties. When fully staffed, services are provided through a network of 20 vision rehabilitation therapists (VRTs) and six orientation and mobility (O&M) instructors positioned throughout the state in 11 ADRS offices. At the time of this site visit, the program had three VRT vacancies and two O&M vacancies. The program continues to purchase O&M services from certified independent contractors, as needed, to maintain coverage to all areas of the state. Three VRTs were employed at 1.0 FTE using VII-2 funds and devoted 100% of their time to the Program. The remaining VRTs and O&M specialists were employed with funds jointly provided by ADRS and AIDB and allocated 25% of their time to the OASIS Program. The FFY 2017 7-OB report shows that a total of 7.59 FTE individuals provided direct services to OASIS consumers and 5.67 FTE individuals provided administrative and support to the program. Eleven of the individuals employed in the program had disabilities, five were visually impaired and 55 or older, and nineteen were age 55 and older.

The positioning of VRTs and O&M specialists strategically throughout the State allows staff to more effectively and efficiently provide direct services and to be facilitators of teams of other professionals within the community who also provide relevant services to OASIS consumers. Each of the three VRTs who dedicate 100% of time to the OASIS program manages a caseload of approximately 20-30 elders at any given time and are allotted \$6,500 annually from VII-2 funds. Related to OASIS, caseload numbers and allotments vary at a reduced rate for the remaining 17 VRTs. These individuals generally allocate 25% of their time to the program and are allotted \$3,000 in VII-2 funds. O&M specialists receive approximately \$1,000 in VII-2 funds. In addition to any designated IL allotments, additional funding for costlier devices such as video magnifiers (CCTVs) are available from other agency sources. In FFY 2017, \$28,300 was spent on assistive technology devices. CCTVs and other high end technology, when available, are also recycled into the community.

The OASIS Program is designed to meet the needs of both rural and urban segments of the population of elders who are visually impaired throughout Alabama. Services are provided in an itinerant format with one-on-one services and in group settings. Center-based services are provided in Birmingham, Dothan, Mobile, Muscle Shoals, and Huntsville in collaboration with AIDB regional centers and the Wiregrass Rehabilitation Center in Dothan. The itinerant model with staff living in adjacent or the same locales as their consumers has proven to be very effective in identifying and utilizing local resources to support specific needs of consumers. This "consumer-centered" approach, which emphasizes integration into the consumer's primary environment, is both practical and effective for teaching the critical skills of daily living to older adults with vision loss.

Service plan. The vision rehabilitation therapist collaborates with each consumer in the development of a written Individualized Plan for Teaching Services (IPTS). Information from a pre-assessment tool evaluating the consumer's functioning in 15 IL areas is used in developing the plan. Areas assessed include personal management, money management, low vision, communication skills, technology, orientation and mobility, meal preparation, clothing care, general home management, general home safety, childcare, leisure time activities, job readiness, and information and referral. The resulting IPTS addresses key observed and expressed needs identified by the consumer and therapist leading to a program of services designed to facilitate the individual's movement toward independence. The vision rehabilitation therapist is responsible for providing, arranging, and coordinating the services outlined in the consumer's IPTS.

Management and training coordinator staff. *Mr. W. Ashley Townsend* is the State Office Administrator for Blind and Deaf Services. Among his multiple roles, Mr. Townsend serves as the Director of the OASIS program (.25 FTE at no cost to the program). As Director, he has primary responsibility for program activities related to personnel and fiscal management, public relations, and reporting of activities. He is responsible for assisting in the management of Blind and Deaf Programs, other special projects, and is liaison to the Alabama Institute for the Deaf and Blind in his position as State Office Administrator. Mr. Townsend was employed in this position in 2014 and has extensive experience in the

rehabilitation field, including working in various administrative and direct service delivery capacities within ADRS.

Mr. Townsend supervises the OASIS Program Coordinator, *Mr. Matthew Haynes* (1.0 FTE), and the Vision Rehabilitation Therapy and Orientation and Mobility Coordinator, *Mrs. Lenore Dillon* (.25 FTE at no cost). Mr. Haynes is responsible for day-to-day program management of the OASIS program, including supervision of the three full-time vision rehabilitation therapists serving OASIS consumers out of the Homewood office. He is responsible for overall program implementation and statewide coordination of program activities to achieve program objectives through a statewide network of peer supporters, an active case management system, local OASIS interagency teams, fiscal management, public relations and reporting activities. Mr. Haynes was employed in this position in 2014. He also has extensive work experience in the field of rehabilitation, having worked in several direct service capacities within ADRS before being appointed to his current position. Mrs. Dillon's position was created in FFY 2010. She is responsible for statewide consultation, technical assistance, training, and quality control for all of the VRT & O&M programs, including the OASIS program. Ms. Dillon is a Certified Vision Rehabilitation Therapist and has extensive experience in blind rehabilitation, including administrative and direct service delivery appointments in Indiana and Illinois before coming to ADRS.

Advisory Council. A statewide Advisory Council representing over 25 agencies, organizations, and consumer groups meets quarterly to assist in the ongoing development of a responsive service model. The Council is composed of representatives from a broad number of agencies and organizations which include the following: the Alabama Department of Rehabilitation Services; the Alabama Department of Human Resources; OASIS Support Groups; the Alabama Department of Senior Services; Alabama's Independent Living Centers; the Alabama Department of Mental Health; the Alabama Chapter of the American Council of the Blind; the Alabama Chapter of the National Federation of the Blind; the Blinded Veterans Association; the Alabama Radio Reading Service; the University of Alabama in Birmingham Center for Low Vision Rehabilitation; the VA Visual Impairment Services Team (VIST) Program; the Alabama Institute for the Deaf and Blind Regional Centers; EyeSight Foundation of Alabama; the Alabama Vision Coalition; and the business community. Emphasis is placed upon consumer and minority participation in policymaking, program

administration, and service delivery. The Advisory Council is well organized and highly effective.

Purpose and Organization of Report

The purpose of this evaluation report is to review the OASIS Program in relation to how well it has assisted consumers in meeting goals for independence during FFY 2017 (October 1, 2016 through September 30, 2017). Further, evaluation data is used to identify and implement evidenced-based policies and interventions resulting in increased quality of IL services delivered to consumers. The external evaluation process included the following major activities:

- Implementation of evaluation activities, including review and revision of the primary data collection instrument (Program Participant Survey);
- Analysis and interpretation of secondary data including consumer disability, demographic, and service data from the annual RSA 7-OB report to identify statewide consumer characteristics and trends within the population served;
- Collection, analysis, and interpretation of responses from program participants regarding their functioning on independent living tasks and the service delivery process;
- Completion of activities relating to the site-visit; and
- Preparation of the program evaluation report.

In addition to this introductory section, this report includes method, results and discussion, and conclusion sections. The method section provides information regarding selection of study participants, instruments used for collection of service, satisfaction, and outcome data, procedures used to collect data, and the techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics for all consumers served by the OASIS program in FFY 2017. In addition, consumer demographics and findings regarding consumer functioning on specific IL tasks or domains are reported for those consumers closed during FFY 2017 who completed the Program Participant Survey. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from an on-site review is also reported in the results

section. The final section of this report provides a summary of evaluation findings, including a list of program recommendations and commendations.

The National Research and Training Center (NRTC) on Blindness and Low Vision staff at Mississippi State University (MSU) assigned to this project include Kendra Farrow, CVRT, Project Director, and Anne Steverson, M.S.

METHOD

This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FFY 2017 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Alabama. In addition, the Program Participant Survey (see Appendix A) was used to collect demographic, satisfaction, and outcome data from consumers closed by the OASIS program in FFY 2017. These sources of data are further described in the “Instruments” subsection below. Finally, the NRTC Project Director conducted an on-site review to gather additional program information not available from the data collection instruments.

Instruments

Annual 7-OB Report. All state IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to the Rehabilitation Services Administration (RSA) approximately 3 months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, services, and outcome data. Demographic and disability data from the OASIS FFY 2017 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey. A copy of the complete report submitted to RSA is included in Appendix C.

Program Participant Survey. During September 2016, OASIS and MSU project staff reviewed and made slight revisions to the 2017 Program Participant Survey. The revised Program Participant Survey included 28 questions (see Appendix A). The first four questions solicited feedback from consumers regarding their perceptions on how services were provided, i.e., consumers were asked to rate their level of agreement with statements regarding timeliness of services; staff’s attentiveness and interest in their well-being; staff’s familiarity with blindness techniques and aids/devices; and general satisfaction with the quality of services. The next eight questions assessed consumers’ current perceptions of their functioning since receiving services in the following areas:

orientation and mobility, activities of daily living, use of a magnifier, ability to use devices, dependence upon others, confidence in maintaining their current living situation, understanding services for individuals with vision loss, and attending a peer support group. In each question, a positive statement about an increase in functioning was provided and the participant was asked to agree, disagree, indicate they had not received the service, or indicate they would have liked to receive the service. Consumers were asked to indicate areas where more instruction was needed and comment on the greatest difference the program made in their lives. In the last section of the survey, consumers responded to 13 demographic and disability questions.

Procedures

The NRTC prints and mails the Program Participant Surveys along with “free matter for the blind” self-addressed envelopes to the OASIS Program Coordinator. The Program Coordinator then disseminates surveys to direct service delivery staff. Consumers are provided surveys at closure and are asked to complete and return them to the NRTC at MSU. Consumers are also told that they have the option of calling the NRTC toll free number for assistance in completing the survey via telephone. Consumers are provided information regarding the purpose of the survey and that their participation is voluntary, their responses will remain anonymous, and data will be reported only in aggregate fashion. The survey is exempted by the Institutional Review Board (IRB) for the protection of human subjects at MSU. OASIS administrators complete the annual RSA 7-OB report after the close of the fiscal year and provide MSU staff with a copy to use in writing this evaluation report.

RESULTS AND DISCUSSION

Included in this section are findings from the FFY 2017 RSA 7-OB report. Descriptive data on demographic and disability characteristics and outcome data on all consumers served during the fiscal year are reported. Next, descriptive and outcome data from the 2017 Program Participant Survey are presented. Only consumers who received services and who were closed during the FFY were asked to complete the survey. When appropriate, data from survey findings are compared with data from the 7-OB report to assess generalizability (representativeness) of survey findings to all cases served during the year. Information collected from the annual site review is then reported.

Annual 7-OB Report – Demographic and Outcome Data

The OASIS program served 1,044 individuals in FFY 2017. The majority of consumers served were age 75 and over (66%, $n = 685$). Approximately 15% were ages 55-64 ($n = 161$), 19% were 65-74 ($n = 198$), 29% were 75-84 ($n = 299$), and 37% ($n = 386$) were 85 and over. Most were female (74%, $n = 771$). Consumers were asked to self-report their race and ethnicity. The vast majority of consumers reported being White (78%, $n = 809$), followed by African American (22%, $n = 228$), American Indian/Alaska Native ($n = 4$), Native Hawaiian ($n = 1$), Asian ($n = 1$), and Hispanic/Latino any race ($n = 1$). Approximately 51% ($n = 532$) were legally blind (includes those with “light perception” or who were totally blind). The major cause of visual impairment for the majority was macular degeneration (51%, $n = 529$), followed by glaucoma (16%, $n = 171$), diabetic retinopathy (8%, $n = 86$), cataracts (3%, $n = 31$), and all other causes (22%, $n = 227$). The four most reported non-visual health conditions were cardiovascular issues (69%, $n = 724$), followed by musculoskeletal issues (53%, $n = 554$), hearing impairment (38%, $n = 391$), and diabetes (31%, $n = 327$).

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served in the OASIS program during FFY 2017 are presented in figures 1 through 6. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

Figure 1: Consumers by Age

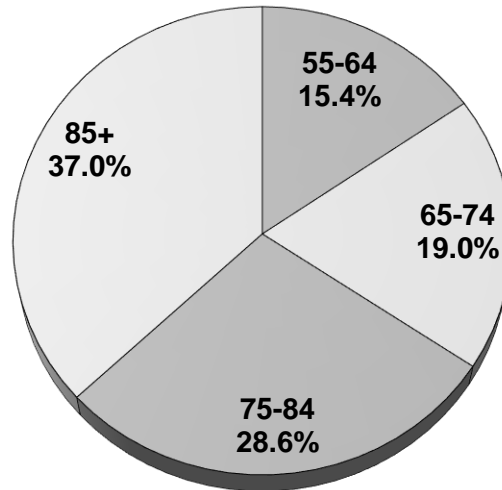


Figure 2: Gender

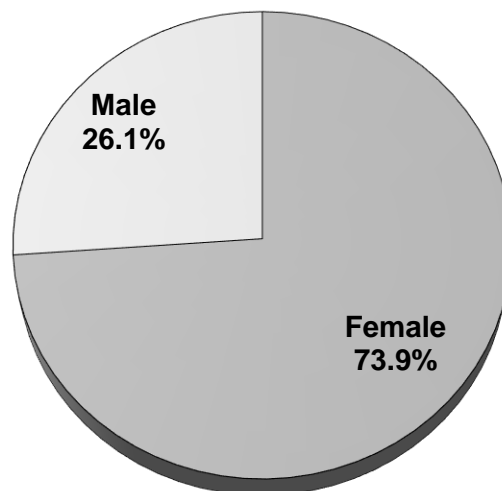


Figure 3: Race/Ethnicity

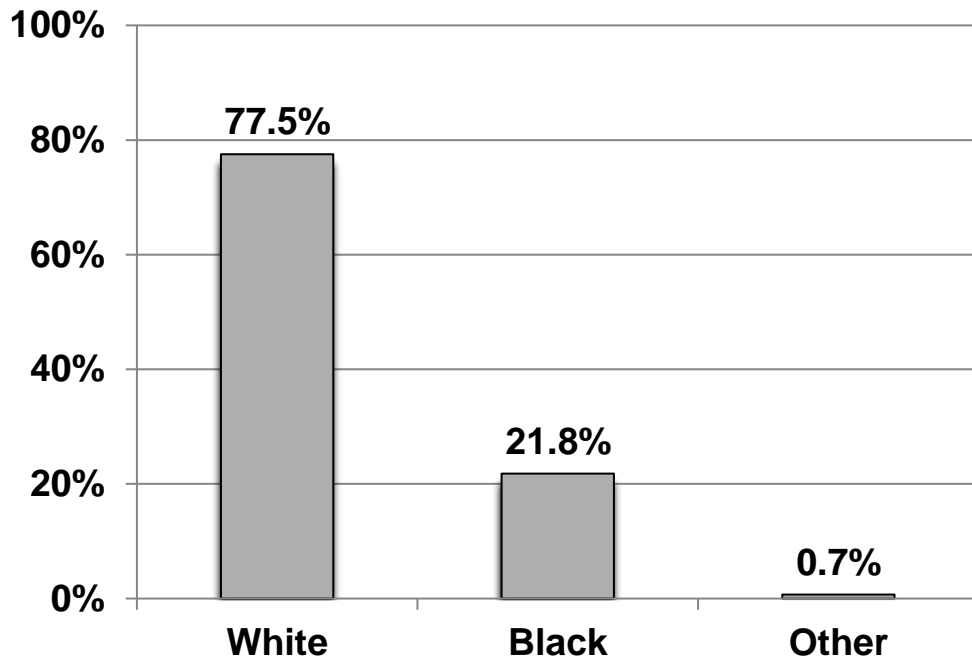


Figure 4: Degree of Visual Impairment

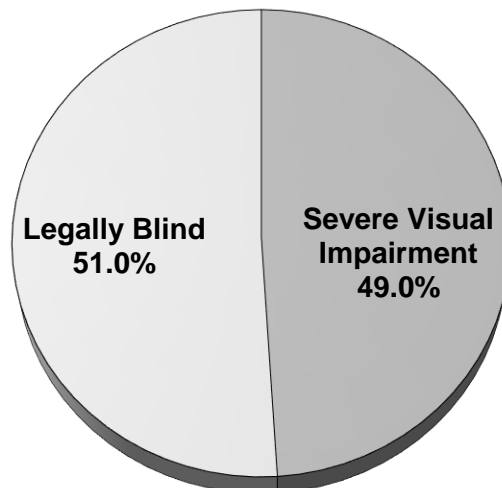


Figure 5: Major Cause of Visual Impairment

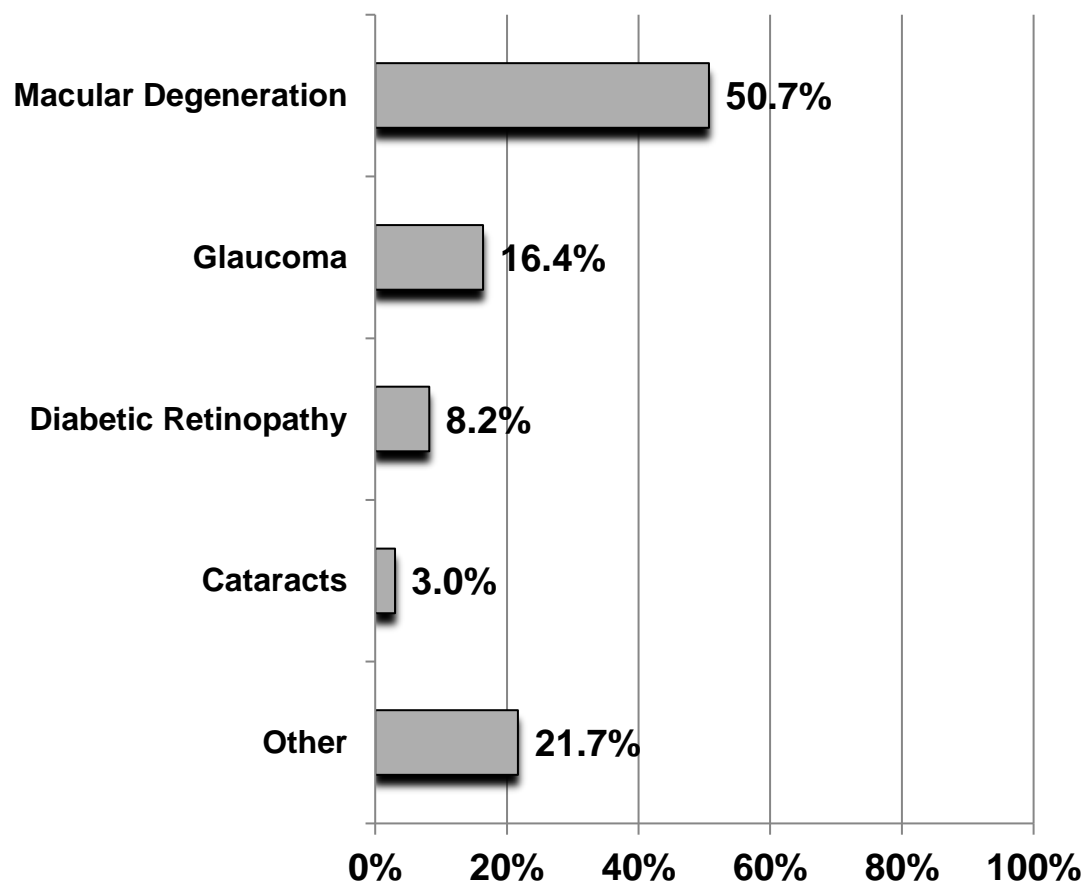
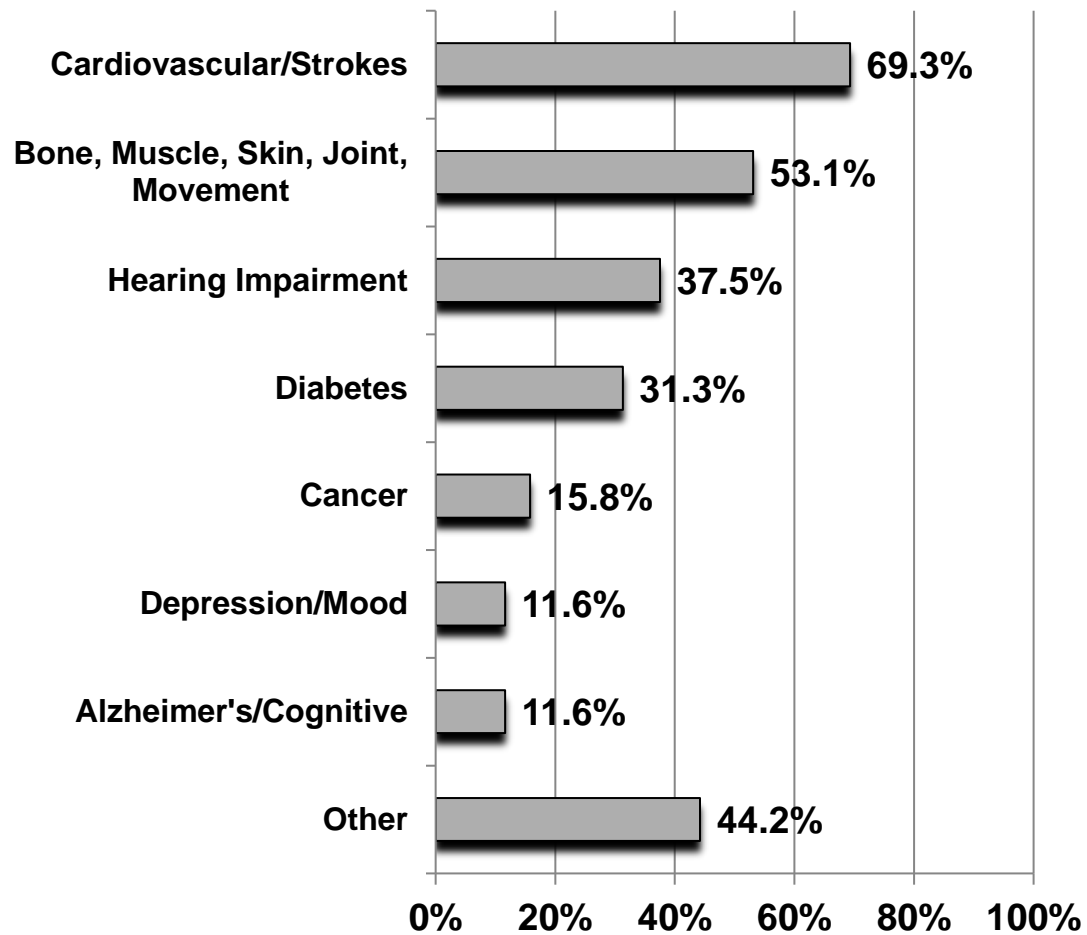


Figure 6: Non-Visual Health Conditions



Other consumer demographics. The vast majority of consumers lived in private residences (86%, $n = 900$); 65 consumers lived in senior living/retirement communities; 58 in assisted living facilities; and 21 in nursing homes or long-term care facilities. The primary source of referral of consumers was eye care provider (28%, $n = 290$), followed by family member or friend (23%, $n = 240$), self-referral (21%, $n = 219$), government or social service agency (15%, $n = 156$), state VR agency (8%, $n = 80$), physician/medical provider (1%, $n = 11$), and other sources of referral (3%, $n = 32$).

Services. Table 2 lists types of services, number, and percentages of consumers receiving each service for FFY 2017. A total of 1,044 consumers (non-duplicated count) received one or more of the following services. In comparison, 1,024 consumers received one or more of these services in FFY 2016.

Table 2: Services by Number and Percentage

	Number	Percentage
<i>Clinical/functional vision assessment and services</i>		
Vision screening	341	32.7%
Surgical or therapeutic treatment	0	0.0%
<i>Assistive technology devices and services</i>		
Provision of assistive technology devices/aids	881	84.4%
Provision of assistive technology services	927	88.8%
<i>Independent living and adjustment training and services</i>		
Orientation and Mobility training	193	18.5%
Communication skills	681	65.2%
Daily living skills	822	78.7%
Supportive services	3	0.3%
Advocacy training and support networks	139	13.3%
Counseling	370	35.4%
Information, referral and community integration	483	46.3%
Other IL services	585	56.0%

Program outcomes/performance measures. Data on the number of individuals who were served in FFY 2017 and who had gained or maintained functioning in key IL areas (assistive technology, O&M, communication skills, daily living skills) at case closure are reported in the following bullets. *Note that a large number of consumers would still be receiving services at the close of the reporting period and that IL functioning in the different IL areas may not be assessed until consumers' cases are closed from services.*

- Of the 927 consumers receiving assistive technology services, 608 (66%) at case closure had either gained or maintained functional abilities previously lost or diminished as a result of their vision loss; functioning had not been determined for 316 consumers still receiving services.
- Of the 193 consumers receiving O&M services, 119 (62%) at case closure had either gained or maintained their ability to travel safely and independently in their residence and/or community environment; functioning had not been determined for 73 consumers still receiving services.
- Of the 681 consumers receiving communication skills training, 444 (65%) at case closure had either gained or maintained their ability to engage in customary life activities; functioning had not been determined for 237 consumers still receiving services.
- Of the 822 consumers receiving daily living skills training, 563 (69%) at case closure had gained or maintained their functional ability to engage in customary daily life activities; functioning had not been determined for 259 consumers still receiving services.
- Of the 728 closed consumers responding to questions regarding changes in their feelings of control and confidence in their ability to maintain their current living situations, 704 (97%) reported greater control and confidence and 24 (3%) reported no change in control and confidence. No individuals reported less control and confidence in their ability to maintain their current living situations.

Program Participant Survey (Closed Cases Only)

Alabama's OASIS program closed 702 cases in FFY 2017: 674 were closed as rehabilitated; six closed due to death, and the remaining 25 closed for other reasons. At closure, consumers receive the Program Participant Survey and are asked to complete and mail to the NRTC at MSU. Consumers are also given an option to call a toll-free number for assistance in completing surveys. Data from 264 closed consumers were available for analyses, a 39% response rate—the same as the FFY 2016 rate. In evaluating the generalizability (representativeness) of survey findings to the entire population of closed consumers, we have compared aggregate survey data with similar demographic and disability data describing all consumers served in FFY 2017, when reported on Alabama's RSA 7-OB report.

The Program Participant Survey is described in the Method section, and a copy of the instrument is included in Appendix A of this report. OASIS consumers are asked to provide feedback on the service delivery process, including their overall satisfaction with quality of services. Consumers are also asked to rate their functioning on IL tasks and to provide demographic and disability-related information. Aggregate data on all items in the Participant Survey are reported in the narrative and in tables and figures in the following order:

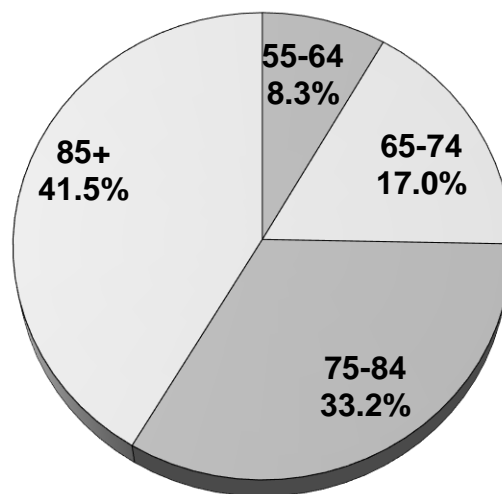
- Consumer Demographic and Disability Characteristics
 - Age
 - Gender
 - Race/Ethnicity
 - Living Situation
 - Self-Rated Visual Functioning
 - Vision Status Last Year
 - Reasons for Vision Loss
 - Hearing Loss
 - Other Health Conditions
 - Health Status Last Year

- Manner in Which Services Were Provided
 - Timely Manner
 - Attentive and Concerned
 - Expertise of Teacher
 - Satisfaction with Quality of Services

- Outcomes of Services Provided
 - Independent Travel
 - Complete Tasks in the Home
 - Complete Tasks Using Magnifier
 - Instruction on Devices/Equipment
 - Dependence on Others
 - Maintain Current Living Situation
 - “Rights and Privileges of the Blind”
 - Helpfulness of Peer Support Network
 - Areas for More Instruction
 - Considered Nursing Home
 - Services Helped Avoid Nursing Home

Consumer Demographic and Disability Characteristics

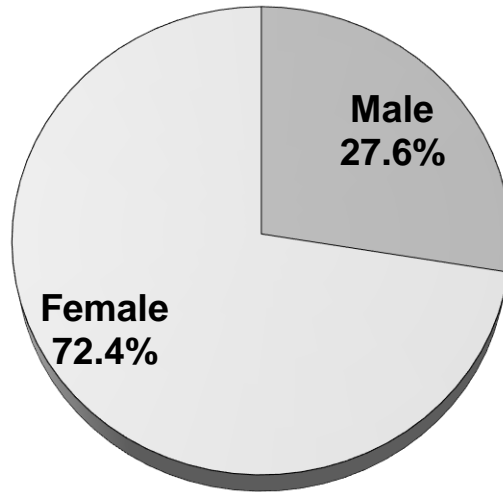
Figure 7: Age Category



Age

Of those responding, 8% were between 55 and 64 years old; 17% were aged 65 to 74. Thirty-three percent of respondents were between 75 and 84 years, and 42% were age 85 or over. Eleven respondents (4%) did not answer this question. Those responding were similar to the age demographics of the total population of individuals served during FFY 2017. For example, 37% of *all individuals served* by OASIS were ages 85 or over, similar to the 42% of survey respondents in the same age category. Additionally, 29% of all consumers served by OASIS were in the 75-84 age group, and 33% of survey participants were in this age group.

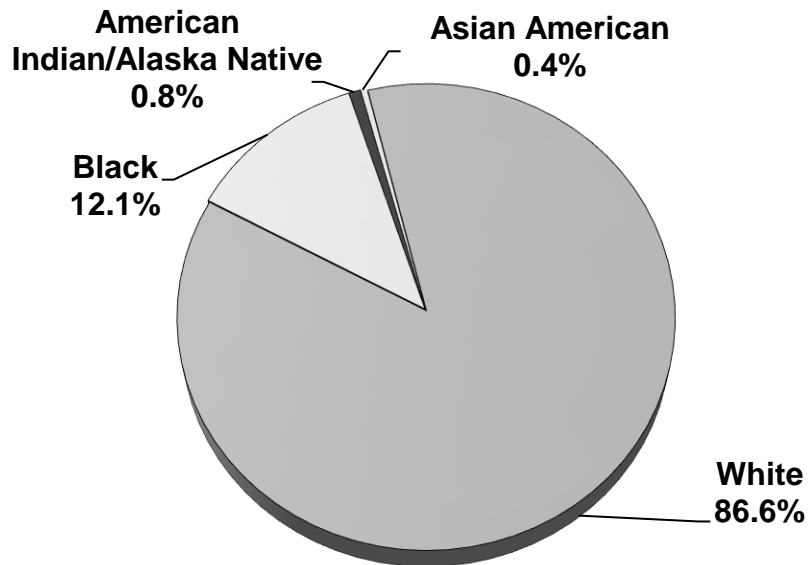
Figure 8: Gender



Gender

Of the respondents who identified their gender, 72% were female, and 28% were male. Ten of the respondents (4%) did not indicate their gender. The proportion of male versus female respondents was similar to that represented in the population of all consumers receiving services as reported on the RSA 7-OB (74% female and 26% male).

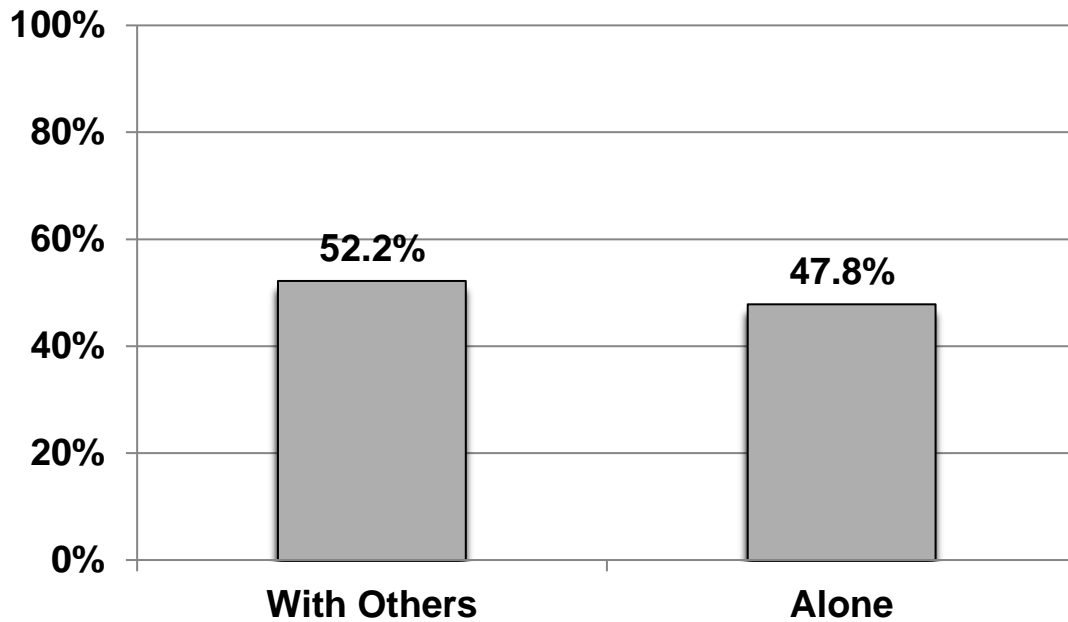
Figure 9: Race/Ethnicity



Race/Ethnicity

Of the respondents who provided their race (25 individuals did not), 87% reported they were White, and 12% reported they were African American. Two respondents reported being American Indian/Alaska Native and one reported being Asian American. Whites may have been more likely than African Americans to respond, given that 78% of all consumers served as reported on the RSA 7-OB were White, and 22% were African American.

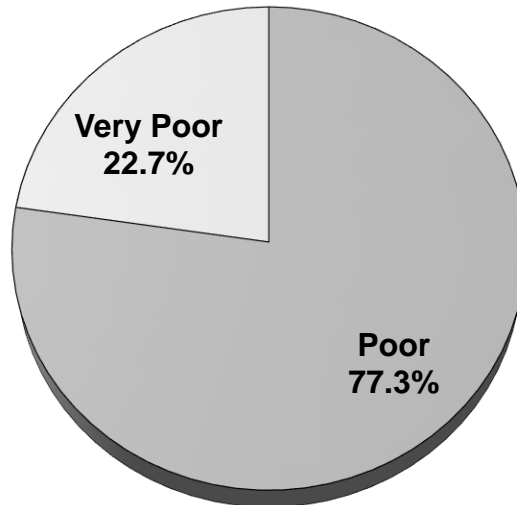
Figure 10: Living Situation



Living Situation

Participants were asked to indicate their living situation. Forty-eight percent of those responding to this question stated that they lived alone, and 52% lived with others. Eleven individuals did not respond to this question.

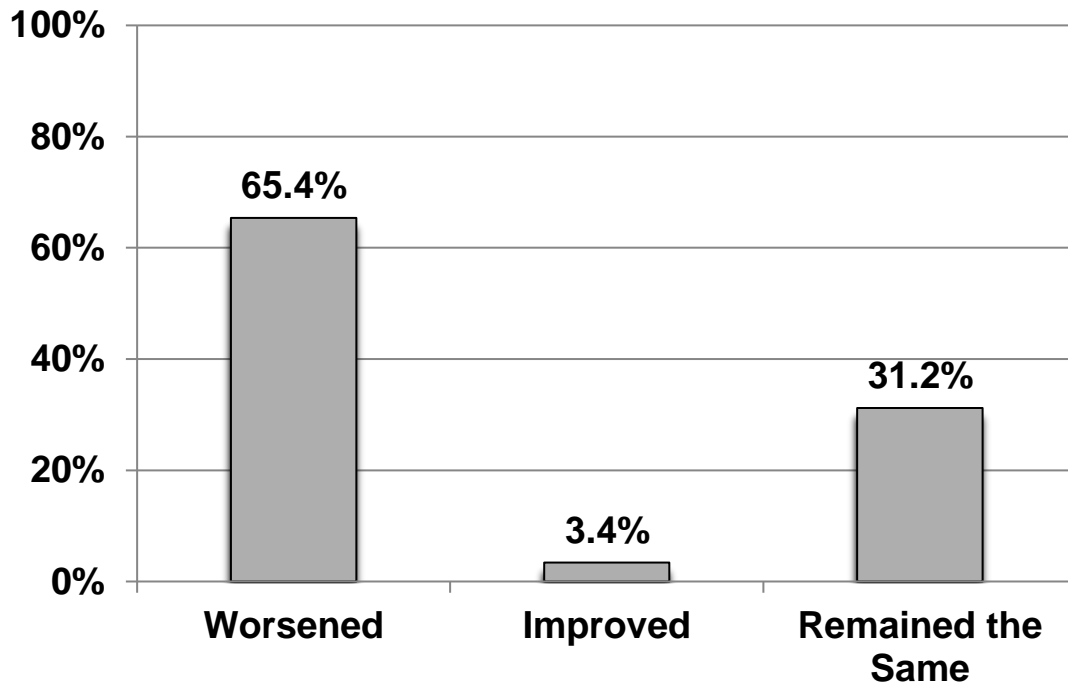
Figure 11: Self-Rated Visual Functioning



Self-Rated Visual Functioning

Respondents were asked to rate their vision as poor (can read some regular or large print with glasses or magnification) or very poor (cannot read print at all, even with glasses or magnification). The majority (77%) rated their vision as poor, and 23% rated their vision as very poor. Thirty-one individuals did not respond to this question. Compared to FFY 2014 approximately 5% less respondents rated their vision as very poor.

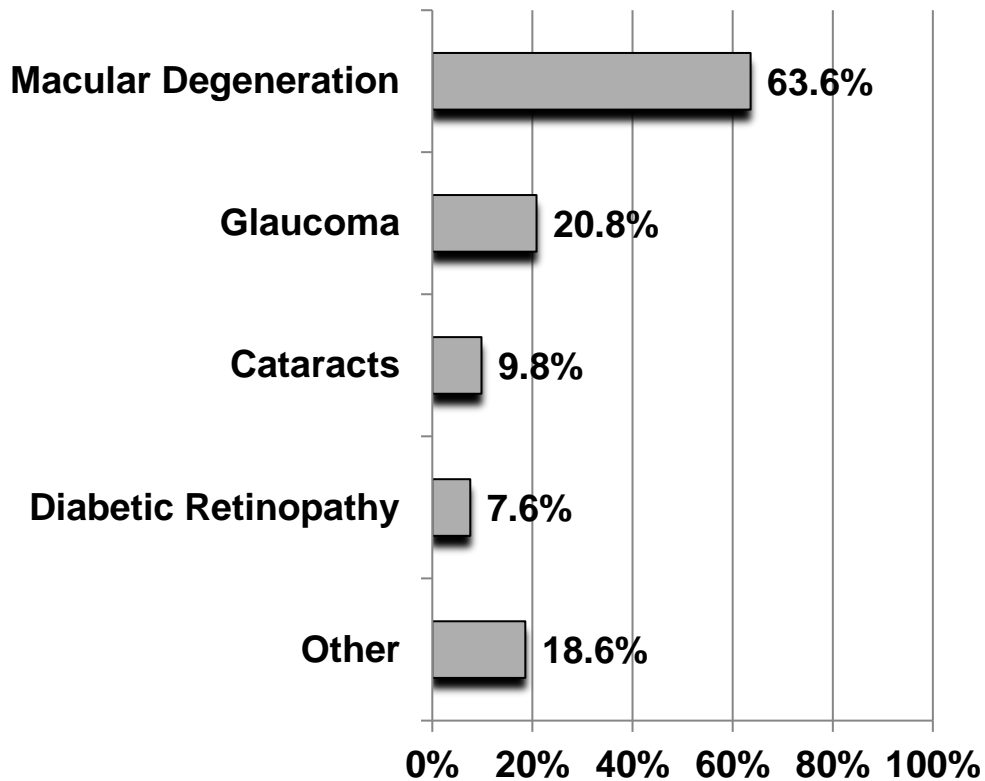
Figure 12: Vision Status Last Year



Vision Status during Last Year

Participants were asked whether their ability to see had worsened, improved, or remained the same over the course of the last year. Of the participants who responded to this item (30 individuals did not), 65% reported that their vision had worsened within the last year. Thirty-one percent stated that their vision had remained the same, and 3% reported improvements in their vision during the last year.

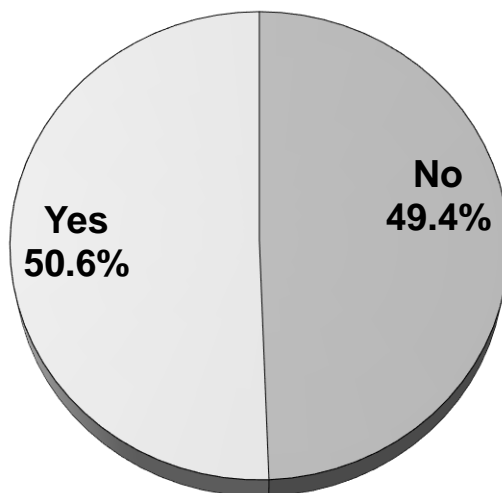
Figure 13: Reasons for Vision Loss



Reason(s) for Vision Loss

Respondents were asked to identify the reason(s) for their vision loss. They were presented a list of the most common reasons for age-related vision loss plus an “other” category and were asked to check all that apply. The most often identified reason for vision loss was macular degeneration (64%). Other causes of vision loss reported by respondents were glaucoma (21%), cataracts (10%), and diabetic retinopathy (8%).

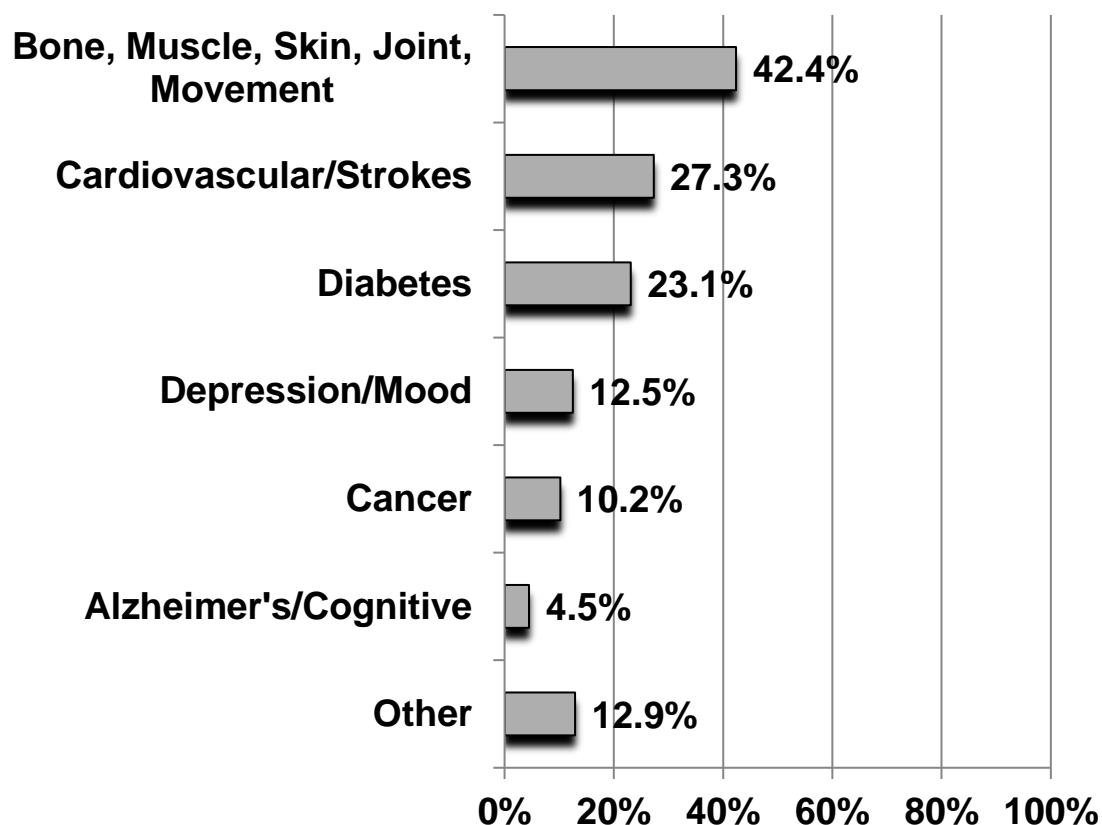
Figure 14: Hearing Loss



Hearing Loss

Respondents were asked if they had a hearing loss. Fifty-one percent of those responding indicated yes ($n = 118$) and 49% indicated no ($n = 115$). Thirty-one of the participants did not respond. On the 7-OB it was reported that 38% of consumers had a hearing loss. This is a difference of 13%. An increase of 5% from FFY 2016.

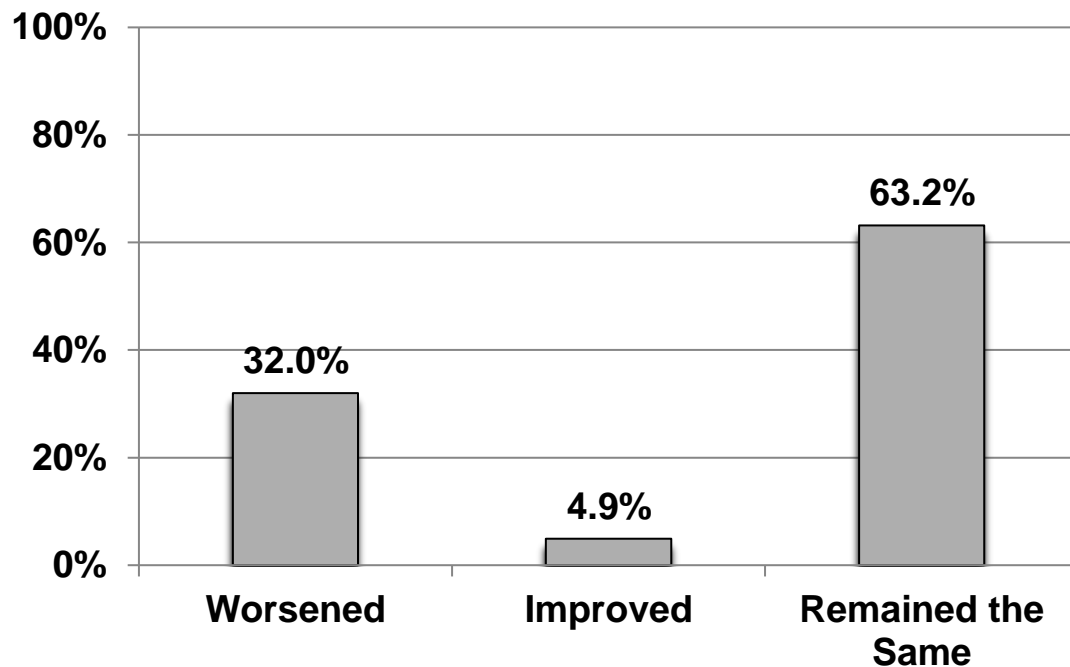
Figure 15: Other Health Conditions



Other Health Conditions

Respondents were asked if they had any other significant health problem in addition to vision and hearing loss. Health conditions reported in the table above were collapsed using categories reported on the RSA 7-OB annual report. The most commonly reported nonvisual health conditions of respondents were bone/muscle/skin/joint movement (42%), cardiovascular/strokes (27%), diabetes (23%), and depression/mood disorders (13%). The most commonly reported health conditions of consumers as reported on the RSA 7-OB were cardiovascular/strokes, followed by bone/muscle/skin/joint movements, and diabetes.

Figure 16: Health Status Last Year

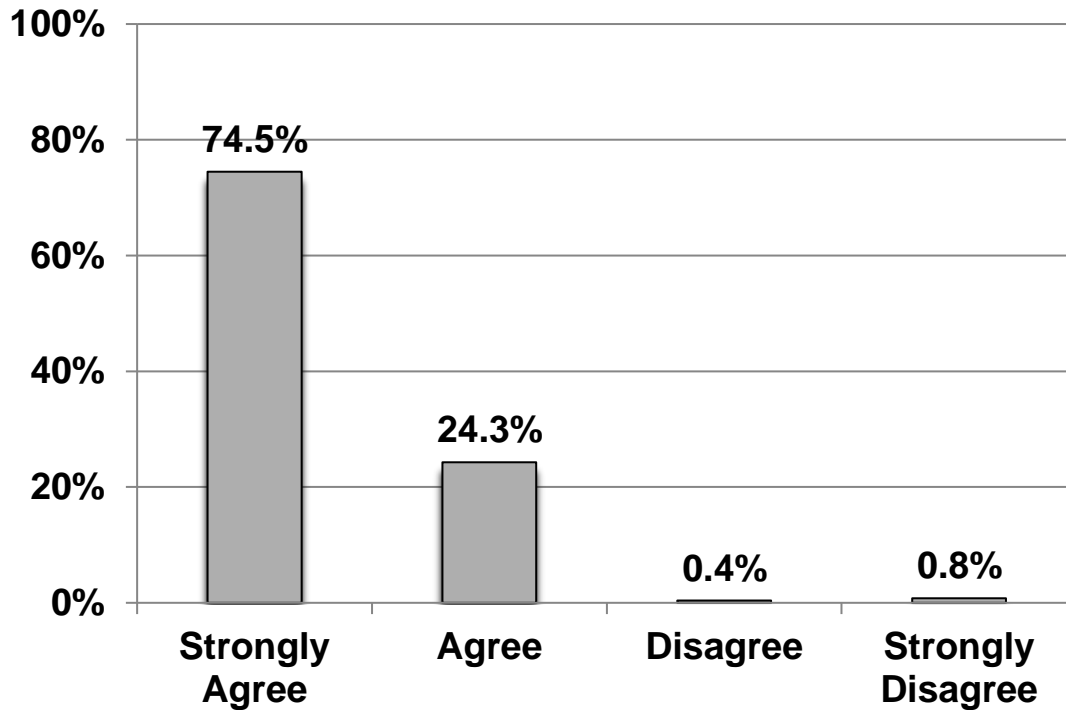


Health Status during Past Year

Of the participants who responded to this item (17 individuals did not), 32% reported that their health had worsened within the last year. Sixty-three percent stated that their health remained the same. Only 5% reported improvements in their health status over the last year.

Manner in Which Services Were Provided

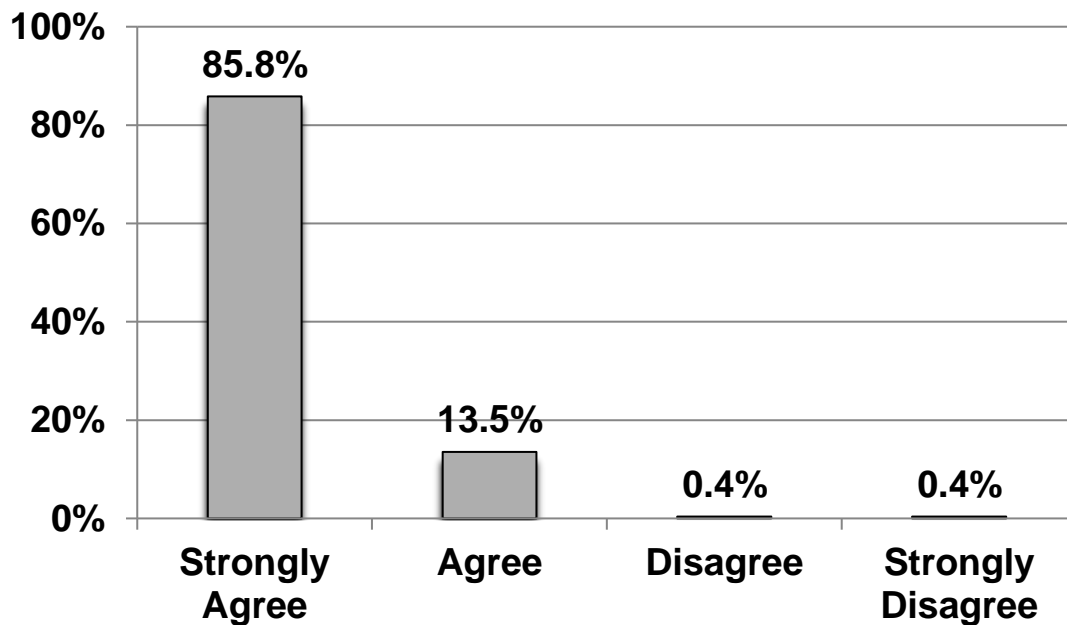
Figure 17: Timely Manner



Services were provided in a timely manner.

Participants were asked to rate their level of agreement with the above statement. All but three of the respondents agreed or strongly agreed that services were provided in a timely manner. Seventy-five percent strongly agreed with the statement, 24% agreed, 0.4% ($n = 1$) disagreed, and 1% ($n = 2$) strongly disagreed. One consumer commented, "She was very hard to reach to begin with then cancelled several times."

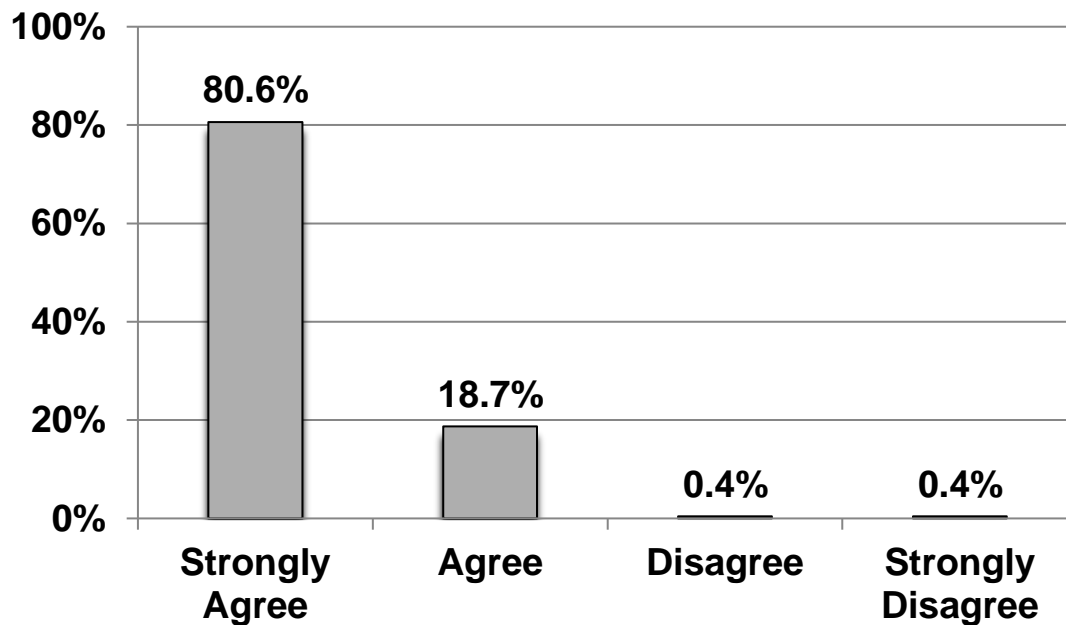
Figure 18: Attentive and Concerned



My teacher was attentive and interested in my well-being.

Participants were asked to rate their level of agreement with the above statement. All but two of the respondents strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being. Eighty-six percent strongly agreed with the statement, 14% agreed, 0.4% ($n = 1$) disagreed, and 0.4% ($n = 1$) strongly disagreed. One respondent commented they felt the teacher did not listen to caretaker or family comments.

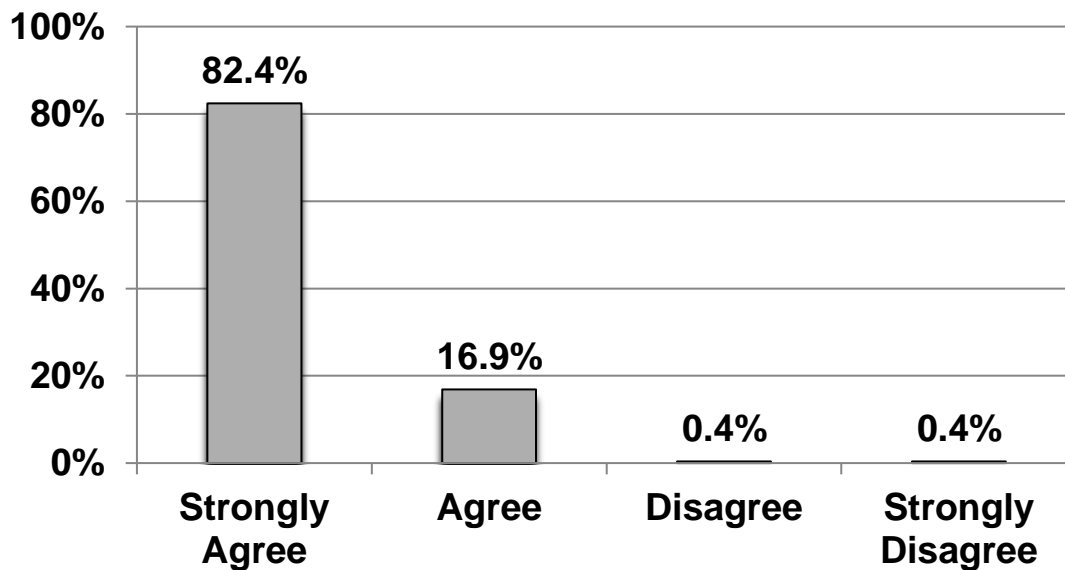
Figure 19: Expertise of Teacher



My teacher was familiar with techniques and aids used by blind and visually impaired individuals.

Participants were asked to rate their level of agreement regarding the teacher's familiarity with techniques and aids used by blind and visually impaired individuals. Again, all but two of the respondents strongly agreed or agreed that their teacher was familiar with techniques and aids. Eighty-one percent strongly agreed with the statement, 19% agreed, 0.4% ($n = 1$) disagreed, and 0.4% ($n = 1$) strongly disagreed.

Figure 20: Satisfaction with Quality of Services

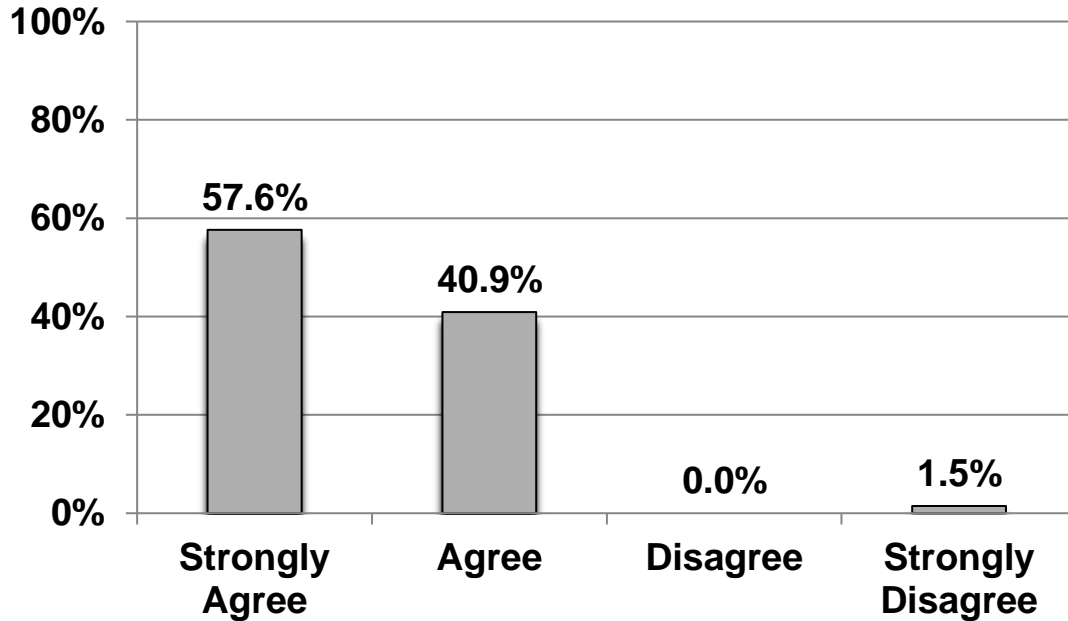


I was satisfied with the quality of the services provided by the program.

Participants were asked to rate their level of agreement with the above statement. Overall, the majority of the respondents strongly agreed or agreed that they were satisfied with the quality of program services. Eighty-three percent strongly agreed with the statement, 17% agreed, 0.4% ($n = 1$) disagreed, and 0.4% ($n = 1$) strongly disagreed. One respondent stated, “I believe we were not told the truth about available products. [We] were led to believe we had too much income to receive help.”

Outcomes of Services Provided

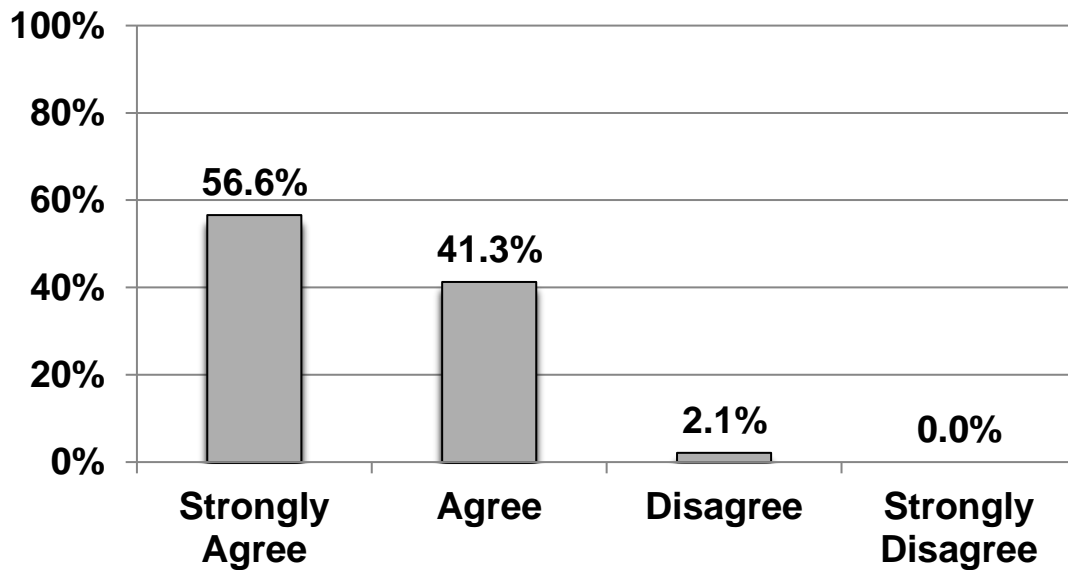
Figure 21: Independent Travel



After receiving help in using a white cane, learning safe travel skills, or use of public or para transit systems, I am more confident in moving around my community.

Participants were asked to rate their level of agreement with the above statement. Of the 66 respondents who had received this service, fifty-eight percent of those responding strongly agreed that they were more confident in traveling safely and independently in their homes and communities after receiving services, and 41% percent agreed. One respondent (2%) strongly disagreed that they were more confident in traveling safely and independently. Of the 145 participants who did not receive this service, four respondents (3%) indicated that they would have liked to receive this service.

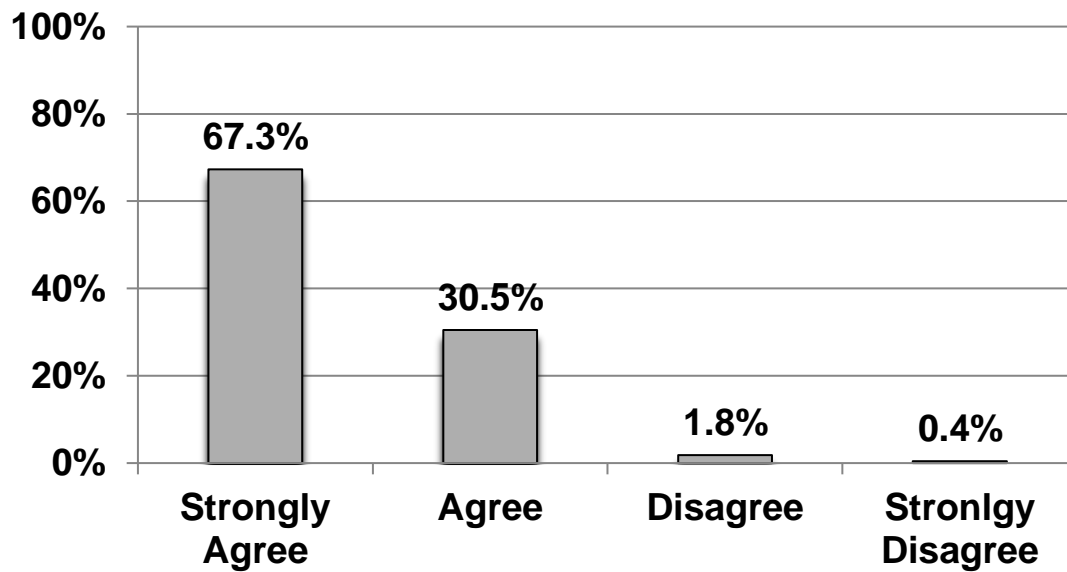
**Figure 22: Complete Tasks
in the Home**



After receiving help to use appliances, cook safely, clean and organize my home, complete writing tasks, or participate in leisure activities, I am better able to complete these tasks.

Participants were asked to rate their level of agreement with the above statement. Of the 189 respondents who received this service, 57% strongly agreed that they were better able to complete tasks in the home after receiving services. Forty-one percent agreed they were better able to complete tasks in the home. Four respondents (2%) disagreed they were better able to complete tasks in the home after receiving services. Fifty respondents indicated that they had not requested this service.

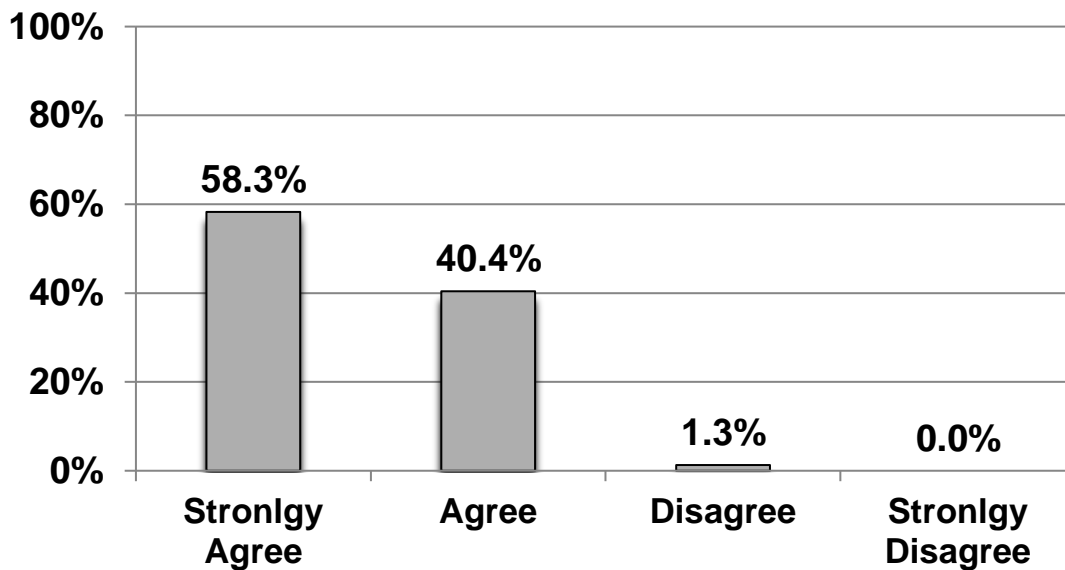
**Figure 23: Complete Tasks
Using Magnifier**



After receiving a magnifier, I am better able to use my vision to complete tasks.

Participants were asked to rate their level of agreement with the above statement. Of the 225 participants who received a magnifier, 67% strongly agreed that they were better able to complete tasks. Thirty-one percent agreed they were better able to complete tasks using a magnifier, 2% ($n = 4$) disagreed, and 0.4% ($n = 1$) strongly disagreed. Of the 21 participants who did not receive a magnifier, 19% ($n = 4$) said they would have liked to receive a magnifier.

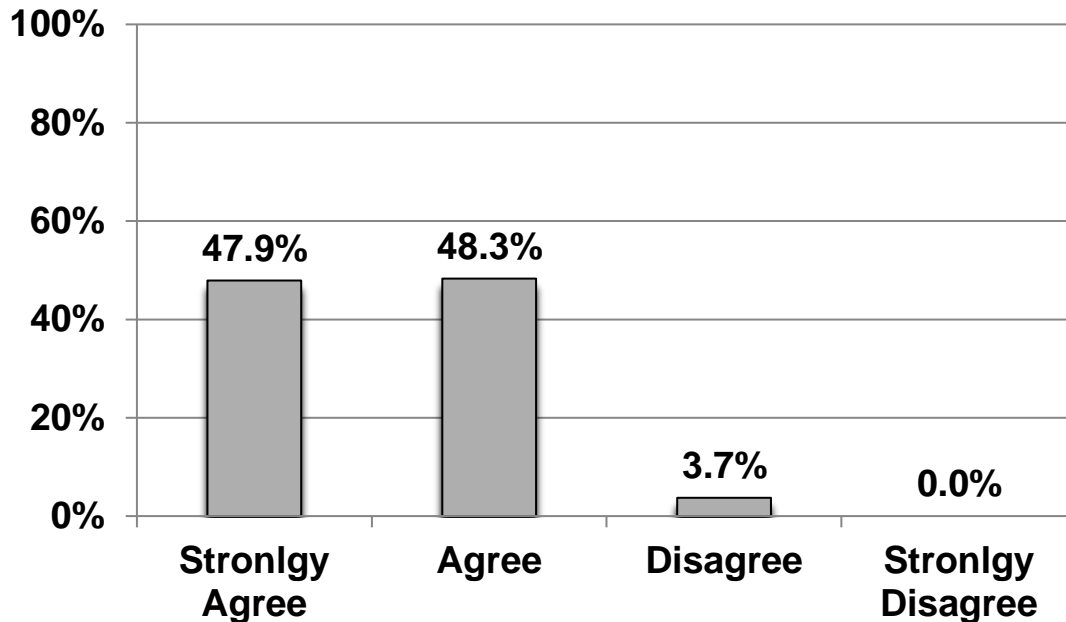
Figure 24: Instruction on Devices/Equipment



After receiving a CCTV, electronic reading device, digital recorder, or pen friend, I found that the instruction provided in how to use the device was enough to help me use the device.

Participants were asked to rate their level of agreement with the above statement. Of the 151 participants who received this service, 58% strongly agreed that they received enough instruction to be able to use received devices or equipment. Forty percent agreed they received enough instruction. Two respondents (1%) disagreed that they received enough instruction on how to use their device. Of the 87 respondents who did not receive this service, three respondents (3%) reported that they would have liked more instruction. Eighty-four respondents (97%) indicated that they had not received these items.

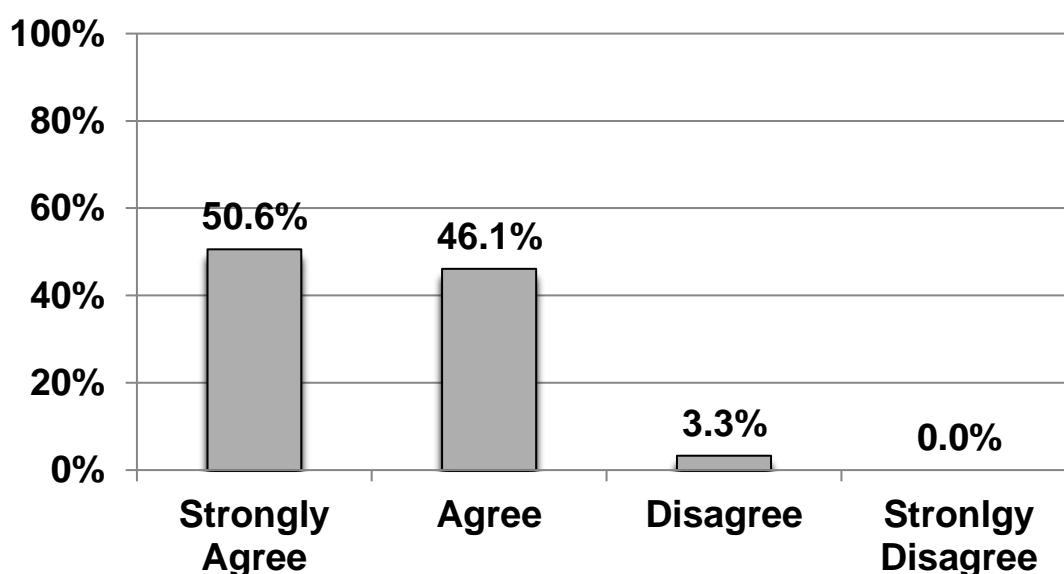
Figure 25: Dependence on Others



Compared with my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities.

Participants were asked to rate their level of agreement with the above statement. Forty-eight percent of the respondents strongly agreed that they were less dependent upon others in performing customary day-to-day activities. Forty-eight percent agreed that they were less dependent on others to perform customary activities. Nine respondents (4%) disagreed that they were less dependent upon others. Twenty-two individuals did not respond.

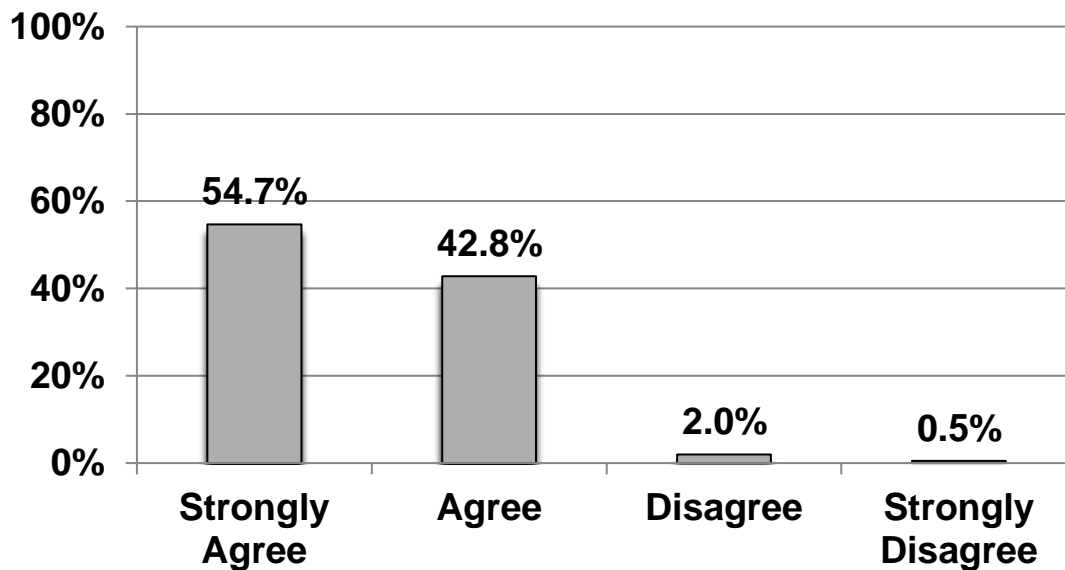
Figure 26: Maintain Current Living Situation



Compared with my functioning before services, I feel I now have greater control and confidence in my ability to maintain my current living situation.

Fifty-one percent of the respondents strongly agreed that they have greater control and confidence in their ability to maintain their current living situations. Forty-six percent agreed they have greater control and confidence to maintain their living situations. Eight respondents (3%) disagreed to having greater control and confidence. Twenty-one individuals did not respond. Survey respondents were very similar in reporting greater control and confidence in comparison with the total population served as reported in the 7-OB (97% vs. 97%).

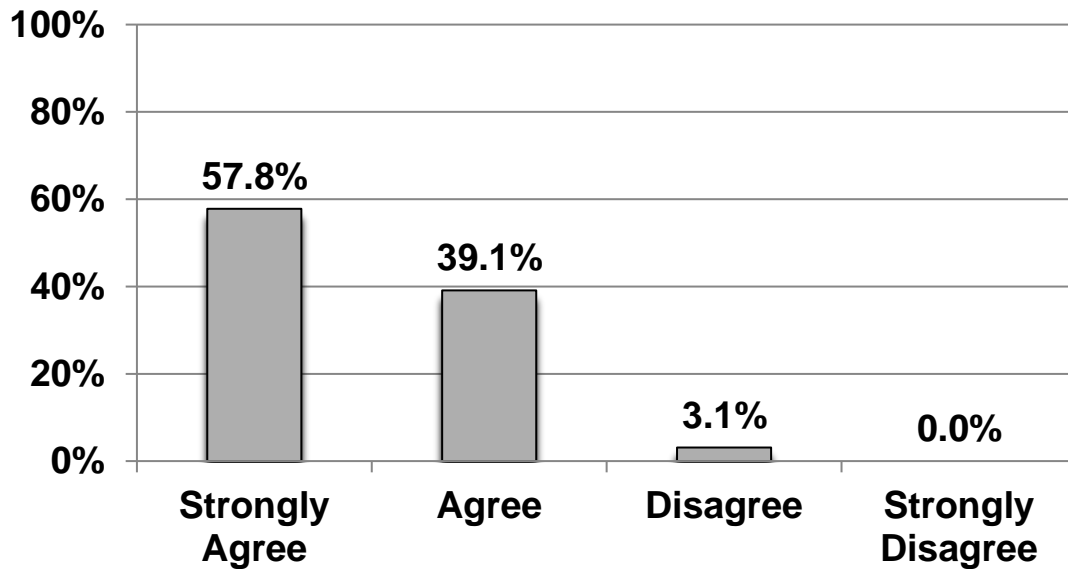
Figure 27: "Rights and Privileges of the Blind"



After receiving the document "Rights and Privileges of the Blind", I felt like I better understood services and programs for persons in Alabama who have vision loss.

Participants were asked to rate their level of agreement with the above statement. Of the 201 respondents who received this service, 55% strongly agreed and 43% agreed that the document helped them better understand services and programs for persons who have vision loss in Alabama. Two percent ($n = 4$) disagreed, and 1% ($n = 1$) strongly disagreed that the document helped them better understand services and programs for persons who have vision loss. Of the 30 respondents who did not receive this document, four respondents (13%) reported they would have liked to receive this document.

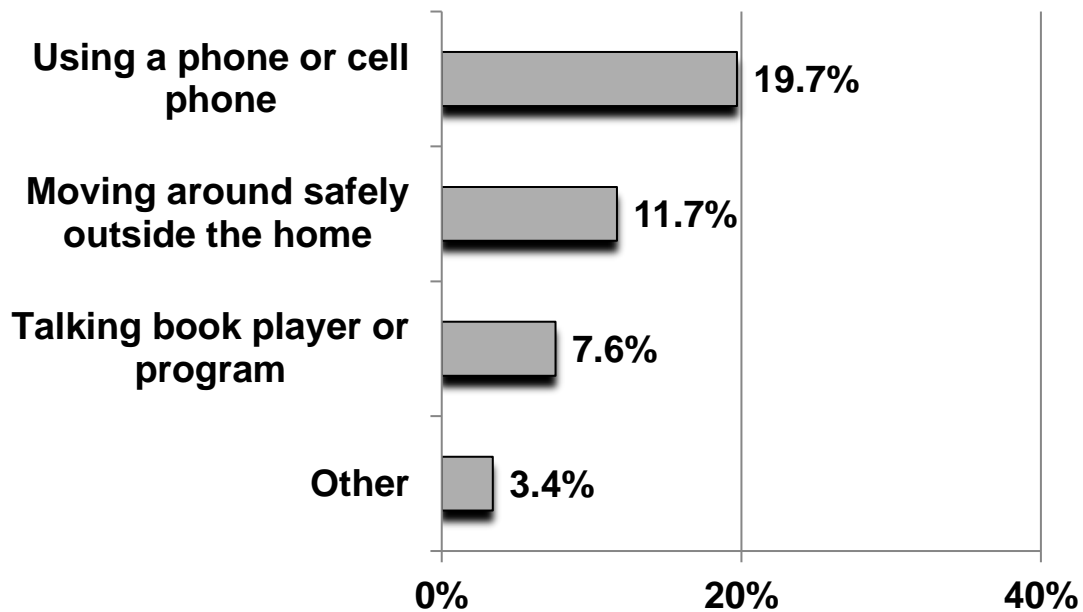
Figure 28: Helpfulness of Peer Support Network



I found the peer support group helpful.

Participants were asked to rate their level of agreement with the above statement. Of the 64 participants who participated in this service, 58% strongly agreed that they found the peer support group helpful. Thirty-nine percent agreed and 3% ($n = 2$) disagreed. Of the 144 who did not participate, 10% ($n = 14$) indicated they were not able to get a ride to a peer support group. Sixteen percent ($n = 23$) reported they were not given information about a peer support group, and 74% ($n = 107$) reported not being interested in attending a peer support group.

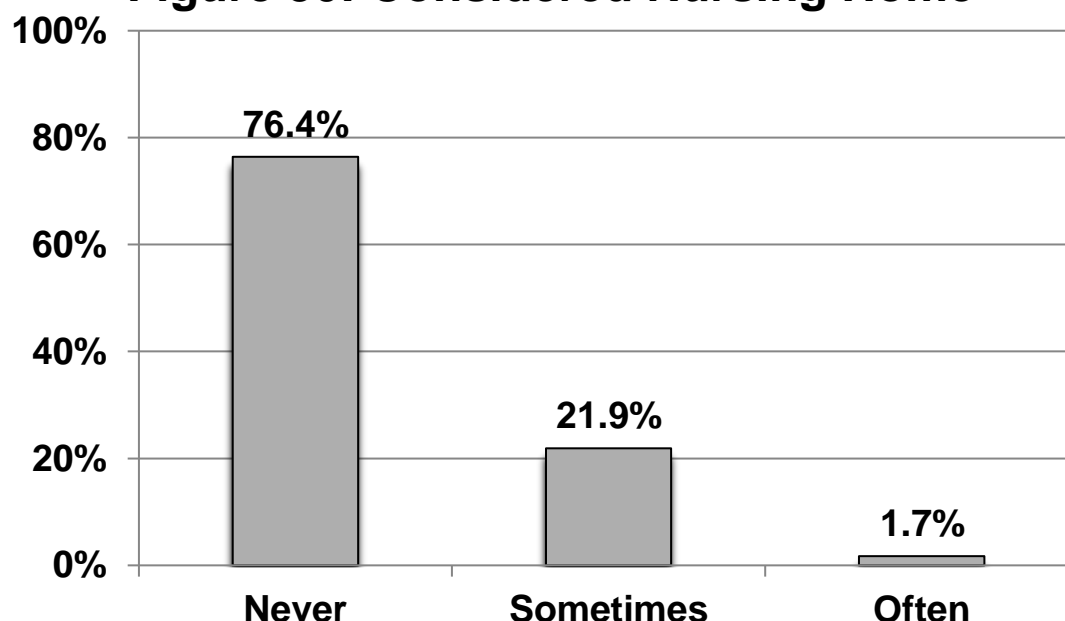
Figure 29: Areas for More Instruction



Please help us improve the program by marking the areas in which you would have liked to receive more instruction.

Participants were asked to identify areas where they would have liked more instruction. Participants could mark more than one area. Twenty percent ($n = 52$) would have liked more instruction in using a phone or cell phone. Twelve percent ($n = 31$) needed more help moving around safely outside their home. Eight percent ($n = 20$) needed more assistance in using the Library of Congress talking book player or program. Three percent ($n = 9$) requested other areas of instruction like hearing loss, color identifiers, hygiene, and computers.

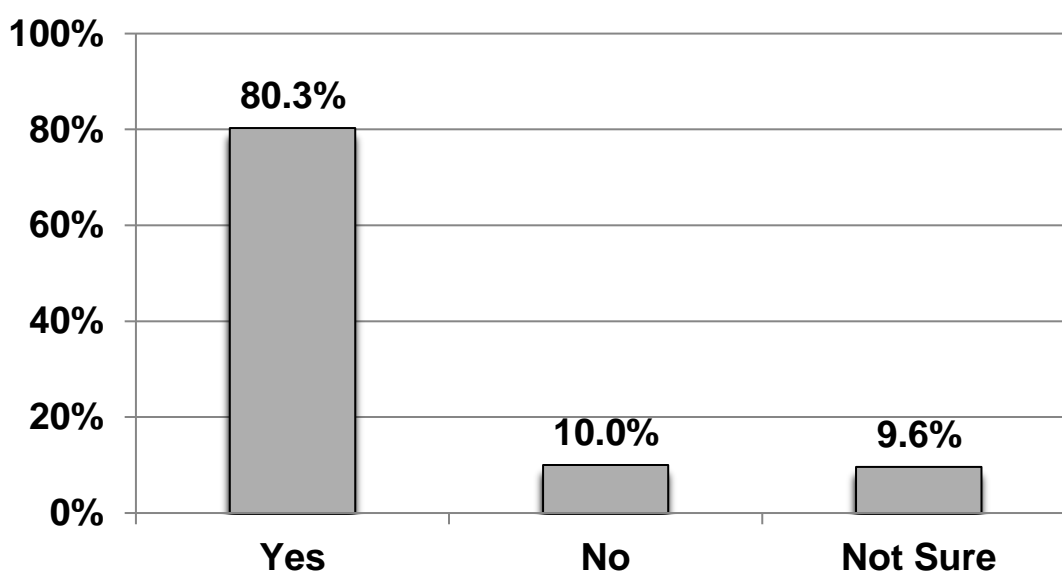
Figure 30: Considered Nursing Home



Before you received services, did you consider going into a nursing home or other long-term care facility (never, sometimes, often)?

Most respondents (76%) had not considered going into a nursing home or long-term care facility. Twenty-two percent ($n = 53$) had sometimes considered doing so, and 2% ($n = 4$) had often considered doing so. Twenty-two respondents did not answer the question.

Figure 31: Services Helped Avoid Nursing Home



Did the services you receive help you remain in your home or private residence (yes, no, not sure)?

Participants were asked if the services they received helped them remain in their private residences. These responses may be helpful in assessing the impact of services on consumers' capacity to avoid nursing home placement. Eighty percent ($n = 192$) of respondents felt that OASIS services helped them remain in their home or private residence. Ten percent ($n = 24$) answered no. Ten percent ($n = 23$) reported "not sure." Twenty-five individuals did not answer this question.

Consumer Comments

A space for consumer comments is included below each question on the Program Participant Survey. The vast majority of these comments related to participants' appreciation of direct delivery staff and services. Of special interest are responses to the question asking individuals to comment on the greatest difference the OASIS program had made in their lives. Responses tended to focus on those services resulting in participants' increased ability to live independently, especially in their ability to access printed materials. A few examples are listed below. All comments are included in Appendix B.

- Gave me the confidence to move around safely on stairs and on the street.
- I feel as though I can be more self-reliant. I have lost a lot of fears of what steps I might have to take in the future. An amazing change on my outlook of my future.
- My teacher was so positive and helpful in reminding me of the things I know how to do automatically and providing devices and techniques that enable me to be more efficient. Her encouragement restored my confidence.
- It increased my confidence and launched me into participation in activities.
- Expanded my friendship circle.
- I have more self-confidence and am more aware of how to function independently.

On-site Review

Farrow and Steverson from the NRTC visited the Mobile office of the Department for Rehabilitation Services on September 26-28, 2017.

Case reviews: Nine files were available for review, three from each teacher housed in the Mobile office. All files had eye reports or had a request submitted to get an eye report. It was noted that one eye report was five years old and was probably obtained when the consumer received services five years ago. The case notes seemed to indicate that the consumer's vision had decreased since the eye report that was on file. Signatures were present in the required locations. Measurable goals on consumer's plans were not present, although general categories to be addressed were indicated. Case notes focused on the instruction that had been provided, but lacked outcomes of the consumers' functioning as a result of that instruction. It was noted that consumers are seen in

intervals of 3-6 weeks.

Service delivery observation: Farrow, Steverson, and Haynes, OASIS program manager, observed each teacher conducting a home visit with one consumer. At the first visit, the consumer had completed many goals. The consumer explained and demonstrated some of the adaptive devices she had received. For instance, the VRT had a cucumber and asked the consumer to demonstrate use of her palm peeler and vegetable slicer. The consumer showed other devices received, most of them were for cooking. Other areas explored were mobility for exiting the building, which was a large apartment complex; emergency preparedness; cell phone use; and social interactions. The consumer was satisfied with the services she received and did not appear to have any outstanding goals; however, another appointment was scheduled.

The second appointment was with a consumer who had glaucoma, which is progressive. She lived in a private home with her husband in a fairly isolated community. During the observed visit, she was provided a stand magnifier and was instructed in its use. The consumer was open to talking about her vision loss, and shared how she is embarrassed to tell her friends she has a vision impairment. Suggestions were given for adapting a recreational activity she enjoyed. The use of a white and red support cane was discussed with her. The consumer reported she sometimes bumps into walls. After the appointment, the teacher indicated that the consumer still drove. Later discussions with administrators involved brainstorming ways to help staff be more prepared to have conversations about the cessation of driving.

The third appointment was with an elderly consumer who lived alone. She was given several new items at the appointment; magnifier, check writing guide, talking calculator, large print timer, large print clock, bump dot for her computer keyboard and receptacle, bold line paper and several different bold pens. She was given minimal instruction on each as there were quite a few new items presented to her. The VRT also hooked up her new large button telephone as a longer phone cord was needed and was now available. When the VRT asked the consumer about the two different colored pairs of glare shields given to her on a previous appointment, the consumer was unsure if she liked one more than the other. One pair was in her car and when she talked about having difficulty driving in certain lighting conditions, the VRT suggested which color might be best. The next appointment was scheduled for five weeks.

Meeting with direct service staff: Farrow and Steverson met with the three VRTs to discuss how things are going for them and what some of their challenges are. Several parts of the discussion focused on communication and interaction with administration. Farrow and Steverson suggested increasing the

detail on their electronic calendars to help promote greater understanding of the VRTs busy schedules. All three teachers reported they had a good year making their quota numbers several months before the end of the year. Ordering devices was discussed as a time intensive process and that it takes a long time to receive devices that have been ordered, on average about six weeks. For the first time camp SAVI will be held at the AIDB Mobile Regional Center as a day program. Plans for this upcoming event were discussed.

Meeting with administrators: Farrow and Steverson met with Haynes, Dillon, and Townsend. Dillon and Townsend attended via phone. A review of the site visit activities were reviewed and concerns and potential recommendations were discussed.

OASIS PROGRAM HIGHLIGHTS – FY 17

- Continued conference calls with Support Group Leaders to help them with developing their groups. Guest speakers included Wendy O'Steen of Vanda Pharmaceuticals, and Justin Booguard of GoGoGrandparent.
- OASIS purchased \$28,300 of assistive technology, ranging from handheld electronic magnifiers, CCTVs, and OCR devices. Over 50 returned devices were redistributed to consumers.
- Contract O&M services were provided to fifteen consumers, providing over 70 hours of individualized instruction.
- Held a workgroup of administration and senior VRTs to redevelop our VRT functional assessment. Implementation of changes into SMILE is underway and anticipate training in FY 18.
- OASIS Advisory Council guest speakers in FY 17 included MSU on the FY 16 Program Review, Alabama Library Services new director for the NLS Angela Fisher Hall, Wendy O'Steen of Vanda Pharmaceuticals on Non-24, and Elizabeth Patton with Disability Rights and Resources on their Emergency Preparedness Program.
- Our seventh Camp SAVI was held April 9-13th. 7 consumers and five support persons participated. This event provided valuable instruction, resources and encouragement to the participants.
- 2016 Camp SAVI participant Katherine Funderburg was featured in the ADRS 2016 Annual Report and also has a video highlighting her services on the agency website.

- Staff completed 569 community awareness activities and reached an estimated 9,453 individuals. Examples of these activities are:
 - OASIS Coordinator presented on OASIS services at the Alatec Conference at Auburn University, a conference focused on assistive technology and also to the Covington County Lions Club.
 - OASIS staff presented to the Shelby County Roundtable about OASIS services.
 - OASIS Program Coordinator participated in public hearings for the United Way Area Agency on Aging and the Middle Alabama Area Agency on Aging.
 - Staff participated in Older Americans Month activities in May in several areas of the state.
 - Program coordinator represented OASIS at the Eastmont Disability Expo in Montgomery in May 2017 and the Jefferson County Senior Expo in September 2017.
 - OASIS Staff participated in the Jefferson County Senior Health Expo in September 2017.
- The OASIS Program Director represents ADRS and OASIS at the Alabama Vision Coalition meetings held quarterly. OASIS staff participated at events hosted by the Coalition for consumers in April and also for professionals at the Alabama Vision Summit in October 2016.
- OASIS Program Coordinator and RT/ O&M Coordinator participated in AFB's 21st Century Agenda on Aging and Vision Loss conference calls, participating in Goal 2 regarding personnel and leading a subgroup call on finding qualified staff. OASIS Program Coordinator participated in the MSU Best Practices Workgroup in January 2017 as a representative for a subgroup on best practices.
- Staff participated in a variety of training activities:
 - OASIS Program Director and Coordinator and the Coordinator for VRTs and O&Ms participated in the 2017 AFB Leadership Conference in March 2017.
 - OASIS staff participated in the 2016 Alabama AER Conference in Mobile, AL in October 2016, with the Program Coordinator presenting at the conference.
 - OASIS staff participated in the 2017 ACB Conference in Montgomery, AL in September 2017.
 - OASIS staff participated in the 2017 Blind Services Retreat, Jane Bush was awarded the Debbie Culver Mount Everest Award for her contributions to the OASIS program.

- OASIS staff participated in VRT/OM training in Montgomery, AL focusing on professional ethics, diabetes management, medication compliance, and iOS devices.
- OASIS Staff participated in training and were represented at a table at the 2017 Technology Symposium in June.

CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS

The OASIS program is a well-conceived, well-executed program providing a full range of IL services to the Alabama older blind and visually impaired population. During FFY 2017, 1,044 individuals across Alabama received services through a network of 7.59 full-time equivalent (FTE) direct service staff and 5.67 FTE administrative and support staff. Compared to the previous fiscal year, this is an increase of 20 consumers served, an increase of 0.46 FTE administrative/support staff, and a slight decrease of 0.02 in direct service staff FTE. At the end of the fiscal year, the program had three VRT and two O&M position openings. In addition to the 1,044 individuals on active caseloads receiving extensive services, approximately 9,453 individuals participated in short-term community awareness events and activities during the year, an increase of 2,564 individuals from the previous year.

The OASIS program uses a statewide itinerant model of service delivery that effectively addresses the IL needs of consumers living in a rural state. By implementing an itinerant program, professional staff can provide one-on-one services to consumers in their homes and in group settings in their communities. Thus, individuals who have difficulty with transportation, especially those who live in more rural areas, are assured access to services. Consumers in high population areas across the state (i.e., Birmingham, Muscle Shoals, Huntsville, Mobile, Tuscaloosa, and Dothan) could also participate in center-based training. In addition, the program provides guidance and support to at least 33 affiliated support groups throughout the State.

Total FFY 2017 expenditures for the OASIS program were \$542,181: \$489,241 from Title VII, Chapter 2 federal funding (a decrease of \$71,684 from the previous year) and \$52,940 from State funding (a decrease of \$391 from the previous year). This is a decrease (\$72,075) in the total expenditures reported the previous year. The program received a \$476,457 Title VII, Chapter 2 grant award (a decrease of \$3,523 from the previous year). Other federal funding available to the program included \$291,456 carryover from the previous year.

Demographics and other characteristics all consumers served (7-OB data). IL staff again reached out to the most significantly disabled individuals who

require more intensive (and costly) services to enable them to regain IL functioning. Sixty-six percent of consumers were age 75 and older (65% in this age range the previous year), and 51% were legally or totally blind (46% the previous year). Consumers reported multiple health conditions in addition to visual impairment. For example, 69% had cardiovascular-related health issues, 53% had musculoskeletal conditions, 38% had hearing impairments, 31% had diabetes, 16% had cancer, 12% had depression/mood disorders, and 12% had cognitive disorders. OASIS services have the capacity to moderate the effects of the majority of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier life styles.

Estimates from the Alabama 2015 Census data (Erickson, Lee, & von Schrader, 2017) indicate that approximately 52,500 individuals 65 and older in Alabama have visual impairments. Based on this estimate, only 2% of those potentially eligible for services were served in 2017. Of the total, approximately 22% are African American Non-Hispanic and 78% are White Non-Hispanic. The percentage of consumers served in the OASIS program in 2017 who are African American Non-Hispanic was 22%; the percentage of White consumers was 78%.

In further determining if racial/ethnic minorities are equitably served, differences in the prevalence of visual impairment and socio-economic differences among racial/ethnic groups should be considered. For example, estimated rates of visual impairment become higher for Whites compared with other racial/ethnic groups at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). Moreover, these higher rates are associated with a greater incidence of age-related macular degeneration among Whites. Thus among OASIS consumers age 75 and above, we might expect to see White consumers served in the program at proportionally higher rates compared with other racial/ethnic groups. Additionally, multi-generational households tend to be more common among minority families. Older individuals in these families may prefer kinship assistance, when available, to assist them with tasks, and therefore not recognize the need for OASIS services.

Outcome data from program participant survey of closed cases. This evaluation report also includes findings from a mail survey of consumers closed during the federal fiscal year. The 28-item Program Participant Survey was the

primary data source used to capture the views of participants regarding the impact of the program on their ability to perform major IL activities such as mobility, activities of daily living, and accessing reading materials with devices provided by the program. The survey also included questions regarding consumers' overall satisfaction with the service delivery process. (A copy of the survey is provided in Appendix A.) Two hundred sixty-four individuals returned surveys via mail to the NRTC or completed surveys via telephone with NRTC staff (39.2% of closed cases, for the same return rate as in FFY 2016).

Regarding the service delivery process and overall quality of services, consumer feedback from the surveys was very positive.

- All but three respondents strongly agreed or agreed that services were provided in a timely manner.
- All but two respondents strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being.
- All but two participants strongly agreed or agreed that staff were familiar with techniques and aids used by blind and visually impaired individuals.
- All but two strongly agreed or agreed that they were satisfied with the quality of services.

Consumers also noted substantial improvement in their ability to perform major IL activities as a result of their participation in the OASIS program.

- 99% agreed that they had enough instruction on devices and equipment to help make use of the device.
- 99% agreed they were more confident to travel safely and independently.
- 97% agreed they had greater control and confidence in their ability to maintain their living situations.
- 96% agreed they were less dependent in performing customary day-to-day activities.

The majority of respondents reported improved functioning on IL tasks. Survey questions were significantly reworded making comparison from previous surveys difficult. However, when asked about feeling less dependent upon others, the percentage jumped significantly from 2016 (78%) to 96% in 2017. Survey participants reporting greater control and confidence to maintain their current living situation has increased from 2016 (81%) to 97% in 2017.

Respondents also agreed similarly in 2016 and 2017 that services helped them remain in their homes (79% vs 80%, respectively).

Comments provided by respondents were generally positive and are included in Appendix B.

Recommendations

- Continue to provide option for contracting with outside orientation and mobility (O&M) instructors in those geographic areas not covered by in-house instructors.

Rationale: The OASIS program currently has two O&M positions open. Additionally, VRTs serving consumers in regions without in-house O&M instructors have a separate, but small, allotment they can access to purchase services from independent contractors.

- Improve the tool for case file review and provide training for its use.

Rationale: Updating the case file review form so that it identifies a list of specific criteria for reviewing case files would help supervisors to be more consistent between offices, provide detailed feedback for staff on how they might improve their documentation, and provide a vehicle for tracking documentation standards.

- Provide training for direct service staff on adjustment to blindness counseling. For seniors, one of the biggest adjustments is the cessation of driving.

Rationale: During the site visit, two appointments observed opportunities to counsel and discuss the topic of driving cessation.

- Implement practices that encourage service providers to write goals using measurable time bound language.

Rationale: The practice of writing specific, measurable, time bound goals provides structure to services, gives the consumer expectations about

case closure, and helps service providers identify when new strategies or different goals need to be implemented.

- Provide reinforcement to direct service staff on the importance of obtaining eye reports and ensure paper work reflects the consumer's diagnosis and acuity.

Rationale: Several of the nine case files reviewed during the site visit contained functional assessments that did not contain diagnosis or acuity on the indicated lines, and one file reviewed had an eye report that was five years old. Accurate consistent documentation is essential for 7-OB reporting, education of the consumer about their eye condition, and personalization of services.

- Continue to implement procedures to increase or maintain the number of individuals completing the Program Participant Survey. Each quarter, the number of completed surveys by teacher will be provided to the OASIS program manager. This will help the program manager to know which teachers may need reminders or assistance on how they present the survey to their closed consumers. A larger print handout with the toll free number for assistance for taking the survey has been provided to help teachers in promoting survey completion.

Rationale: The more surveys completed the better the feedback the program evaluation will provide. The response rate for 2017 was 39%, maintaining the high point for survey responses for the second year.

- Continue to establish additional peer support groups in geographic areas where not currently available and develop strategies to increase consumers' awareness of existing peer support groups.

Rationale: Among survey participants, 44% of respondents participated in a peer support group (up 6% from the previous year). Among those who did not participate, 23 individuals (16%) reported that they were not provided information about a group. An additional 14 individuals (10%) reported they did not have a ride to attend a group. Of the individuals who

did participate, only two individuals did not find participation in peer support groups helpful.

- Initiate strategies to encourage consumers who are African American to complete the Program Participant Survey. One strategy might be to familiarize staff about this problem and solicit their help in encouraging consumer participation, such as emphasizing to consumers that their participation is valuable to improving services, their responses would be confidential, and reiterating the phone number for the NRTC if they need assistance for completing the survey.

Rationale: In FFY 2017, 22% of consumers served by OASIS were African American. Unfortunately, only 12% (down 3% from 2016) of returned surveys were completed by African Americans. External validity (generalizability) of survey findings to the population of consumers served would be increased if a greater proportion of African Americans completed the survey.

- Review procedures used by staff for documenting race, specifically for Hispanic consumers, and how SMILE is providing this number to administrators.

Rationale: In 2017, one consumer was documented on the RSA-7OB as Hispanic and the Program Participant Survey identified one consumer. In both 2015 and 2016, no consumers were identified as Hispanic on the RSA-7OB, but on the Program Participant Survey, one individual indicated they were Hispanic. Hispanic individuals may be underserved and/or be underreported.

Commendations

The following commendations are based upon findings from program evaluation activities and are provided in an effort to support the positive outcomes of the OASIS Program:

- The 2017 survey response rate has been maintained at 39%--3% more than in 2015, 9% more than in 2014, 8% more than in 2013, and up 12% from 2011.
- ADRS is commended for its efforts to recruit and train professionals who work with individuals with vision impairments and blindness. In a time where a shortage of these professionals is of concern, ADRS has established an extensive curriculum for new and existing direct service providers.
- OASIS purchased \$28,300 of assistive technology, ranging from handheld electronic magnifiers, CCTVs, and OCR devices. Over 50 returned devices were redistributed to consumers.
- OASIS has maintained its level of services provided to African Americans and even slightly improved it from 2014. In 2014, the percentage of African Americans served as reported on the 7-OB report was 21% and increased in 2015 to 22% where it has remained for 2016 and 2017.
- In 2017, the new functional assessment was finalized. Implementation of changes into SMILE are underway and training is anticipated to be held in 2018.
- The seventh Camp SAVI was held April 9-13th. Seven consumers and five support persons participated. The event provided valuable instruction, resources and encouragement to the participants.
- Increased number of individuals reached through community outreach events and nearly doubled number of collaborating agencies--9,453 individuals participated in short-term community awareness events and activities during the year. An increase of 2,564 individuals from 2016. The

number of collaborating agencies increased from 86 in 2016 to 167 in 2017.

- Center-based services continue to be offered to consumers in Birmingham, Mobile, Muscle Shoals, Huntsville, Tuscaloosa, and Dothan. Plans to expand center-based services in other areas of the state continue. Center-based services provide a much-needed option for those consumers who learn best in group and other more controlled settings.
- Responding to a recommendation to use more O&M contract services, more than 70 hours of contract O&M services were provided to fifteen consumers, up eleven consumers from 2015.

In summary, the OASIS program supplements its statewide itinerant service delivery model by providing center-based programs in high-population areas of the state. This combination of service delivery methods has proven to be highly effective in improving IL functioning of older adults with visual impairments. When fully staffed, the core of services is provided by 20 itinerant VRTs (three full-time; the remainder quarter-time) and six O&M Instructors (each quarter-time). At the end of the current year, the program had three VRT vacancies and two O&M instructor vacancies. These professionals assess all referrals, develop individualized teaching plans in collaboration with consumers, provide direct services, and identify and coordinate community resources to facilitate consumers' achievement of their goals of independence. Direct service staff reside in or near the local communities they serve and are sensitive to, and familiar with, the needs of local consumers. Furthermore, professionals are enthusiastic and dedicated to the task of helping program consumers reach their maximum level of independence.

Overall, program participants are very satisfied with the manner in which services were provided. The vast majority report increased functioning on key IL tasks as a result of their participation in the OASIS Program. In addition, comments made by participants are indicative of a satisfied and appreciative consumer base.

OASIS is a program with multiple strengths and some vulnerabilities. The program's strengths include: (a) a service delivery system that encompasses all

67 counties within the state—largely the result of an advantageous partnership with AIDB providing financial support for all but three direct service delivery staff and providing space in regional centers for center-based services; (b) multiple partnerships with organizations and agencies throughout the state providing a broad array of services and resources; (c) qualified and experienced direct service delivery and management staff who are committed to the program's mission to improve IL functioning of older adults; (d) a large network of peer support groups; and (e) a considerable number of satisfied consumers who reflect the positive outcomes of the program in their daily lives. The program's vulnerabilities include: (a) dependence upon a small federal grant that is not increasing at the same rate as program operational costs; (b) an expected increase in demand for services by the aging baby boomers; (c) dependence upon minimal state funding; (d) increasing cost of assistive technology, especially high-end hardware; and (e) a shortage of qualified orientation and mobility and vision rehabilitation therapist professionals to fill current vacancies.

The OASIS Program is a leading example in the nation of the efficacy of IL services in maximizing the independence of older individuals with visual impairments. This well-managed, highly resourceful statewide program makes a significant difference in the lives of Alabama's senior citizens. OASIS is highly visible and well respected among the state's aging community. The program provides the ADRS with great visibility around the state and nation and enhances its reputation among many service agencies and organizations. All citizens of Alabama can be proud of a program that serves consumers so effectively.

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APPENDIX A: PROGRAM PARTICIPANT SURVEY

Alabama Independent Living Program Program Participant Survey

Instructions: Please tell us about the help you received from our Independent Living Program by completing and returning this survey in the enclosed self-addressed envelope. Your participation is completely voluntary, and you may skip any items that you do not wish to answer. It should only take about 15 minutes to complete. All of your answers will be confidential; we do not need your name. Your feedback will help us improve our program and is greatly appreciated! You can call 1-800-675-7782 and ask for Angela Shelton or Kendra Farrow, if you need assistance completing this survey.

Please circle the response in the column to the right of each question that best describes your opinion of our services. Please add any comments that you wish.

1. Services were provided in a timely manner.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. My teacher was attentive and interested in my well-being.

Comments:

- Strongly Agree
- Agree
- Disagree

3. My teacher was familiar with techniques and aids used by blind and visually impaired individuals.

Comments:

- Strongly Disagree
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4. I was satisfied with the quality of services provided by the program.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Next, we would like to know more about how specific services have helped you become more independent. Please mark the responses below that best describe your current situation.

5. After receiving help in using a white cane, learning safe travel skills, or use of public or para transit systems, I am more confident in moving around my community.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I would have liked to receive this service
- I did not receive this service

Explanation/Comments:

6. After receiving help to use appliances, cook safely, clean and organize my home, complete writing tasks, or participate in leisure activities, I am better able to complete these tasks.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I would have liked to receive this service
- I did not receive this service

Explanation/Comments:

7. After receiving a magnifier, I am better able to use my vision to complete tasks.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I would have liked to receive a magnifier
- I did not receive a magnifier

Explanation/Comments:

8. After receiving a CCTV, electronic reading device, digital recorder, or pen friend, I found that the instruction provided in how to use the device was enough to help me use the device.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I would have liked more instruction
- I did not receive any of these devices

Explanation/Comments:

9. Compared with my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explanation/Comments:

10. Compared with my functioning before services, I feel I now have greater control and confidence in my ability to maintain my current living situation.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explanation/Comments:

11. After receiving the document “Rights and Privileges of the Blind”, I felt like I better understood services and programs for persons in Alabama who have vision loss.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I would have liked to receive this document
- I did not receive this document

Explanation/Comments:

12. I found the peer support group helpful.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I was not able to get a ride to attend a peer support group
- I was not given information about a peer support group
- I am not interested in attending a peer support group

Comments:

13. Please help us improve the program by marking the areas in which you would have liked to receive more instruction.

- Library of Congress talking book player or program
- Using a phone or cell phone
- Moving around safely outside the home
- Other, please explain below

Comments:

14. Tell us the greatest difference this program has made in your life.

Now, please tell us a little about yourself.

1. What is your age? _____

2. Are you _____?

- Male
- Female

3. Do you _____?

- Live alone
- Live with others

4. What is your county of residence? _____

5. Are you _____? (check only one)

- Hispanic or Latino of any race

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian American

6. What is the main reason for your vision loss? (check all that apply)

- Macular Degeneration
- Glaucoma
- Diabetic Retinopathy
- Cataracts
- Other, specify _____

7. Would you rate your vision as poor or very poor?

- Poor (I can read some regular or large print with glasses or magnification.)
- Very poor (I cannot read print at all, even with glasses or magnification.)

8. Has your ability to see _____?

- worsened during the past year
- improved during the past year
- remained about the same

9a. Do you have a hearing loss? _____ Yes _____ No

9b. If you have hearing loss, did you receive instruction or information about resources related to your hearing loss?

- Yes
- No
- Not sure

10. Do you have any significant health condition(s) other than vision or hearing loss? (Check all that apply)
- Cardiovascular/stroke
 - Movement (bone, muscle, skin, joint)
 - Diabetes
 - Cancer
 - Depression/Mood Disorder
 - Cognitive/Alzheimer's
 - Other _____
11. Has your overall health _____.
— worsened during the past year
— improved during the past year
— remained about the same
12. Before you received services, had you considered going into a nursing home or other long-term care facility?
— Never
— Sometimes
— Often
13. Did the services you received help you remain in your home or private residence?
— Yes
— No
— Not Sure

Today's date: (mo/day/yr) _____

APPENDIX B: CONSUMER COMMENTS

**Alabama
PROGRAM PARTICIPANT COMMENTS
2017**

A special effort was made to capture participant comments verbatim; therefore, some deficiencies in grammar, syntax, and clarity of expression may be noted.

1. Services were provided in a timely manner.

002 Excellent agent. Give her a raise in pay.

004 Yes, always on time.

005 She was always on time.

008 She was very nice and helpful. I enjoyed the time spent with her.

019 Great

020 Great program

032 Always on time. She took time to make sure I understood/could use product.
Very patient.

036 [Name Removed] is an excellent teacher!

039 We always made appointments and she showed up right on the dot.

079 [Name Removed] was always on time with the visual aids we tried first.

085 She was a very nice person.

098 Always on time very devoted to program. Cares about the people and what's best for problem.

101 Very professional

106 Real nice

145 Very good

152 Very kind and helpful.

159 Yes, she interested in her job. She did it very well.

170 Yes. She always called before coming and was promptly on time.

186 Pleasant and helpful. I picked times and aid worker was really concerned with me.

214 Always on time.

228 Wonderful service. I feel so fortunate to receive the information so ably offered.

229 She was very hard to reach to begin with then cancelled several times.

230 [Name Removed] was prompt, on time, warm, professional and worked with my schedule. She corrected my errors, encouraged my progress and re-enforced safety and awareness of my location and goals.

244 [Name Removed] was very personable.

249 This service was most helpful. [Name Removed] was good, and knowing all

aspects of this program

2. My teacher was attentive and interested in my well-being.

005 She was kind and pleasant.

012 Listened and commented

019 Grateful

024 [Name Removed] was very helpful and professional.

025 [Name Removed] was very helpful and professional.

026 [Name Removed] and her aide were so interested in my answers and needs.

032 I have been receiving different types of care throughout the past 7 years. Rehab etc. [Name Removed] made me feel more feel as though I was a person and I feel more confident using the items she provided me. It wasn't just the products, she treated me with respect, and I knew she meant it.

036 At every turn

052 [Name Removed] was friendly, attentive, and interested in providing everything to help me live independently.

077 [Name Removed] was very knowledgeable and I enjoyed her visits.

079 [Name Removed] was very informative about what my needs would be and what we would try first.

096 She was very pleasant, helpful, and prompt.

097 Pleasant and patient

098 She was attentive and also interested in my vision loss. Tried other magnifiers before found the one that worked. Also, one reason was the way it was held.

101 Very attentive

106 Helpful

143 I would recommend to anyone having trouble seeing to call and ask for help from this smart, helpful, inspiring lady! She sure helped me

145 She was very good

147 I appreciate so much all the help [Name Removed] has given me.

150 [Name Removed] was the sweetest, nicest person. It was a pleasure to have her in my home.

156 [Name Removed] was attentive, patient and kind. She is a great teacher, also she is a blessing for her service. A true blessing

157 Teacher very well versed and so willing to help. Taught me how to walk with a person who walks better than me.

159 She does a good job. Very nice many ways.

162 Well pleased to have such special person.

185 Absolutely outstanding!

196 [Name Removed] is amazing.

197 Excellent, very informative.

201 Very much so!

214 Always asked if she could help with any of my vision problems.

220 [Name Removed] is outstanding! We have been very pleased with the help she has given. She is patient, understanding and eager to help in any way she can.

We are very grateful for this organization's services.
227 [Name Removed] was outstanding, patient. Knew how to use all supplies.
Comfortable to talk with. Lovely Christian lady.
228 She was very efficient and thorough.
229 First meeting was very poor she would not listen to caretaker/family comments
about patient.
230 Fantastic!
231 A special thanks to my most recent instructor [Name Removed].
249 Very good
252 Very good
256 [Name Removed] was warm, friendly, knowledgeable, and very helpful.
260 She seemed to take her job very seriously.

3. My teacher was familiar with techniques and aids used by blind and visually impaired individuals.

003 One of the most considerate people. The help was greatly appreciated. She was
very helpful and fulfilled my needs with the aids she provided.
019 Continues to educate herself on programs and useful tools
026 She was partially blind herself, that helps.
032 She was so helpful with instructions, visual and hands on training.
046 She was very helpful in training with helping me find the start and stop buttons,
putting rough circles on them.
072 I especially enjoy using the magnifying glass.
077 Very much so
079 Absolutely! More than familiar.
093 She was very helpful in showing me how to use them.
098 She was so good explaining the how and why of all reasons for this helping us.
Clothing- money in billfold.
145 Very professional.
166 Very helpful.
186 Brought new gadgets to help.
214 She was well informed on every device she brought me.
224 Yes, very good.
228 I knew she was here to help me. I appreciate her patience.
229 We were told in-patient has an item they would not provide with another and
several more issues arose.
230 Great and consistent stressing proper following safe movement. Taught
awareness of position, location, safety and repeated correction of mistakes until
best procedure was consistently adopted.
231 My instructors help in all areas. Thanks so much for all instruction,
encouragement, and equipment you have provided.
253 She was kind, understanding, and very patient. Made me feel loved and
important.
260 Well versed.

4. I was satisfied with the quality of services provided by the program.

032 Not only do I have sight handicap, I have hard time retaining due to PTSD/MTBI. [Name Removed] demonstrated so well I had no problem remembering what to do!

071 She was very good.

077 Very satisfied.

079 The quality was superb.

080 I really appreciate this program! [Name Removed] is very professional and caring person.

098 Very much. She took lots of time to explain the program, and make us know what a great program it is. She really helped us learn about it.

145 Was very pleased.

185 [Name Removed] is outstanding.

197 Excellent

214 Great to have.

224 Yes

229 I believe we were not told the truth about available products. Was led to believe we had too much income to receive help.

230 Safe, independent movement procedures were taught as well as how to utilize a companion that would sometimes travel or walk with me.

250 [Name Removed] was very pleasant to work with! :)

253 Wonderful

5. After receiving help in using a white cane, learning safe travel skills, or use of public or para transit systems, I am more confident in moving around my community.

001 Was not needed at this time.

008 I live in the country. There is no transit systems. I do not go outside in the sunlight unless someone is helping me.

010 Not blind

013 I am not yet need of this service.

015 Was offered, but I chose not to at this time.

026 I do not need them yet.

032 I am not aware of this service as of yet. I am able to drive.

035 If inside, move around on my own. If outside, always with my daughter or another person, with a cane or walker.

038 Does not apply to this student.

044 This service not needed.

055 Got support cane.

072 I don't feel that was necessary.

078 I didn't need this service.

079 Did not need a cane. I use my rotator in the house. My family drives for me since I have macular degeneration.

088 My vision limitation did not need this instruction.

091 I do not have a cane.
 097 Paratransit did not cooperate fully with my most efficient therapist.
 098 Haven't had to use white cane. Use regular cane because of sight and balance.
 This was discussed. Hoping he won't lose complete eyesight.
 143 I did not need this service.
 150 Not required at this time.
 151 I have someone who drives me, so have not needed transportation to date.
 163 My husband still carries me places I need to go and helps me with things
 outside our home.
 165 I was not in need of this service.
 168 Use a walker.
 179 Information given to me, but have not used public transportation at this time.
 182 Did not require this type of training.
 185 Do Not Need! Praise God. Hope never.
 186 I use a walker. Right shoulder agitated by cane.
 201 Received instruction prior to this program. [Name Removed] made sure I was
 able to use my cane.
 210 Being almost 102 years of age, I seldom go out.
 216 Support cane
 217 I am not blind.
 226 Since, I am low vision as opposed to closer to blind, I didn't need white cane
 training.
 229 Do not receive cane, still waiting for this item.
 230 I was all aspects of location safe paths, traffic and access to my destination.
 231 At the time instructors worked with me I did not seem to need a white cane and
 other safety skills. I am now living at a retirement home such skills might be
 helpful. I have appreciated all help.
 238 I received a folding walking stick and was shown how to use it in a large variety
 of situations. [Name Removed] was an excellent teacher. Her instructions and
 directions were given in a very pleasant manner enabling me to learn easily.
 243 I do not yet need a white cane. My children are very supportive in taking me to
 our appointments, shopping, etc. That I need so am not dependent on public
 transportation.
 255 I was not in need of this type of assistance.
 263 I don't think I am to that degree to have to use a white cane yet. I really dread
 the time when this happens. Although, I think it is going to happen.

6. After receiving help to use appliances, cook safely, clean and organize my home, complete writing tasks, or participate in leisure activities, I am better able to complete these task.

012 The raised dots on air conditioner, stove, and microwave was a great help.
 013 Received magnifier in help to read directions in cooking.
 019 Safety devices in the kitchen.
 020 Great!
 023 Some of these tasks are allocated to another- not me.

035 I do no cooking, clean room and bath once a week. With new, lighted magnifier see figures and printed information much better.

038 Strongly agree with everything we went over. Clean and organize my home and participate in leisure activities, did not study to my knowledge.

044 These help enable me to complete task safely and quickly.

046 We have these service done by home instead.

049 I live in assisted living facility, which gives me three meals a day. So, I no longer cook.

054 Marking

072 I use it often. I love it.

078 Some of these services were helpful.

083 My eyesight has gotten worse. Therefore, I am unable to complete these tasks.

087 Clean and organized better.

093 I do not yet need all these services.

098 The dark lines on paper help me to see and use pens that were dark. Also white cups for coffee.

156 I have a new oven, and was unable to use it until [Name Removed] showed me what to do.

182 She had some great ideas for helping me use my sense of touch when using appliances and cleaning.

186 Although I can wash dishes, can't see if I really got them clean!

210 As I live with my daughter, she does most of my cleaning.

217 Talking book tapes, reading glasses, TV glasses, lighter magnifier

228 Writing skills- so helpful. Money marking. Form for writing checks- envelopes- ways to fold money and collect change.

229 Was not offered this service.

230 This was covered 8 years ago by rehab. services before I received this excellent mobility training by [Name Removed] which happened thankfully. She helped me with mobility.

231 Because I now live in a retirement home I do not need some help with appliances- I did receive all the help I needed- thank you.

233 Did not need at this time.

238 I live in assisted living.

243 I am not yet seriously disabled. Probably later I will need more assistance in these tasks.

244 We did put markers on stove, microwave and telephone. These helped.

255 I was not in need of this type of assistance.

7. After receiving a magnifier, I am better able to use my vision to complete task.

019 All the difference.

023 The magnifier light actually hit the words I was focused on unlike the Walmart variety which light was useless.

026 I use it all the time. It makes me more independent

032 This magnifier has helped so much! Seeing, reading, art!! I never realized the

pressure and presentation so much until I received magnifiers. They have made my task at hand so much easier and more enjoyable.

035 Magnifier great help in reading and checking bank statements and information on medicine bottles.

038 Did not receive magnifier to my knowledge.

060 Reading

061 Did not want small one. Have large one at home that I could not function without.

071 My eyes are going AWOL. Read and read what I can read and turn my recorder on and keep going.

072 Was not able to see any better with magnifiers.

078 She wouldn't use the magnifier.

079 The machine I got approved for is perfect for me. I can now read small print. My bank statement, birthday cards. I haven't been able to read in years. It was such a blessing for [Name Removed] to offer this great machine while the other magnifiers didn't work.

079 I love my lighted magnifier, I have it by my side at all times.

083 See above comments.

087 Cannot see.

088 The magnifier is used many times every day. I don't leave home without it.

091 It's been a big help.

097 I have the magnifier, it surely helps a little. The big size, not a smaller one.

098 With the magnifiers and was trained how to hold it to read. Can read some. Also using the yellow sheets of heavy acetate to help with glare. Can't read after my eyes go red and swollen if dry and strained.

106 Could not use magnifier.

145 I can use all the help that is provided.

150 This help was the best! I use it every day.

151 This was a great help.

152 This form is a good example.

157 I received 3 kinds of magnifier- they are for different things. All are very, very helpful.

160 I did not know how to take advantage of services offered.

186 It made former impossibilities possible.

196 It would have been of little or no help to me.

197 Very helpful

199 Don't need one- totally blind.

201 Received training and help. My vision does not allow this.

215 The small portable magnifier helps me some, but could see a stationary one with monitor.

217 Especially my Rx labels.

220 This was most helpful!

228 I depend so much on lighted magnifiers.

229 Was not offered this service.

230 Not applicable.

237 She tried but nothing worked.

238 I am past being able to use a magnifier.
243 I had already bought a CCTV. I used it every day, sometimes many times a day.
I strongly advise that you provide as many of these as you are financially able.
Though I also recommend that you screen your recipients to those who are
strongly motivated to use them to become more independent.
260 Decided he would not use.
263 I use my magnifier every day. Thank you.

8. After receiving a CCTV, electronic reading device, digital recorder, or pen friend, I found that the instruction provided in how to use the device was enough to help me make use of the device.

007 I am still waiting for this service.
008 I already had the recorders. I enjoy the Bible on the cassette recorder that she
got for me.
013 Do not need this at this time.
020 I already had a reading device. I was in [City, State Removed] at assisted living
when I received it.
025 [Name Removed] was very helpful. Was offered this device. Vision so bad could
not see.
034 I did not need them. I can see except to read and write. My lighted magnifier
helps me with that.
038 Only received the Library of Congress talking book player. The functions were
useful.
045 I do not have a CCTV.
071 Bought my own recorder. ADRS sent some other little stuff, but wasn't what I
was looking for, so I sent it back.
074 Very helpful! My only entertainment since vision loss increased.
079 Instruction while using the reading device was very easy and exciting.
083 CCTV- did not receive. Electronic reading device- not provided. Purchased
individually, however can no longer use.
093 Did not yet need.
144 I needed more time to practice with the devices.
150 I already had these.
165 The reading machine has greatly improved my quality of life.
185 I did not need at present.
197 Audio books
201 Vision did not allow.
203 Need to practice.
214 My teacher always made sure I knew how to operate any device she brought
me.
215 I'm not sure if I received these particular items, but did get instructions for what I
received.
228 Recorded books
230 Not applicable. Received a cane and instructions.
233 I feel I received just basic information on reading machine. I would like to get

- more advanced training as I believe the machine will do more.
- 238 I receive a Library of Congress talking book player and am very pleased with the ease of getting new books and sending back finished ones. The player is easy to use.
- 239 CCTV? Pen friend? Don't understand.

9. Compared with my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities.

- 005 Other disabilities contribute, not just vision loss.
- 019 I take myself places and drive. (white and yellow lines)
- 023 No significant change.
- 060 I am able to do my day-to-day activities. Reading was my only problem.
- 071 I can't drive anymore, so I have some dependence.
- 072 Not much change.
- 079 I can read my mail now and write on special paper to write notes to my family.
- 083 Linear the changes in my vision, I am now more dependent upon others.
- 086 Able to use stove and washing machine.
- 091 That magnifier is wonderful. I didn't know that was available.
- 098 I feel this program has been explained to me thoroughly. Each visit, gave me more courage to know there is so many devices and my watch is one thing that has really helped. I really can see it.
- 145 I hate being dependent on others and I am enjoying being less dependent.
- 152 Backing an envelope and threading a needle, priceless.
- 156 However since my eyesight is worse, I am most likely to need help since I live alone and have none at this time.
- 214 Explaining how to properly use magnification correctly has been a big help to me.
- 226 I am now less afraid of becoming totally blind, than I was before.
- 227 Still unable to drive, need transportation to grocery store, doctors office, etc.
- 230 I now can safely have independent mobility.
- 232 The services have helped tremendously. He could not hear before he received his pocket thing. That device has helped him (pocket talker).
- 238 Abilities are about the same.
- 243 I do what I can physically, but I just turned 90 and can't do as much housework as I would like.

10. Compared with my functioning before services, I feel I now have greater control and confidence in my ability to maintain my current living situation.

- 023 I am still undergoing visual evaluations.
- 072 No change- eyesight is very bad
- 077 I am currently in an assisted living facility.
- 083 See comments above
- 097 Did not completely understand
- 098 We try to use and follow the program that has been explained. With magnifier

can change temp on gage and choose large addresses on mail.
160 Getting alarm clock helped me the most.
226 As long as vision stay pretty close to this level.
230 I will not fall down, trip as now I can feel my location.

11. After receiving the document “Rights and Privileges of the Blind”, I felt like I better understood services and programs in Alabama who have vision loss.

005 I do not recall if this document was provided, but if I need help I call OASIS.
007 I would have preferred to receive this document on CD. I have not been able to review it yet.
019 I had no idea.
039 I live alone and I need to know about anything that can help me.
098 Yes, she gave us a copy of Rights and Privileges of the Blind in Alabama. We have been going thru it. Can't grasp the work and time to prepare. Learning so much we did not know. Yes, we are understanding services better.
144 I don't remember receiving this document?
145 We handicapped can use all the help we can get and you can provide it. Thank you.
146 I am not sure if I received this document.
160 I feel like this is my fault because I did not follow-through. I did not vision what I was doing. Do not blame the program, I did not really want to be independent at this time.
181 Not sure if I received this.
203 Haven't read it.
223 Haven't read yet.
230 Knowing is growing.

12. I found the peer support group helpful.

003 For now, I feel no need for a support group. Later I may reconsider.
005 I attended a group in the past and distance was pretty far. Currently, I am on dialysis three days a week, which would make attending difficult.
012 I am satisfied with the services offered.
032 I have not been able to go as of yet, but due to prior appointments I feel confident it is rewarding. [Name Removed] was a Godsend. My depression is not a factor anymore. My confidence has been lifted by the things she has brought me, the training and her optimism about how I can make it. With the uplifting training supplies, I have lost so much fear of the future.
035 Live with daughter, so do not need support group.
049 I have several friends I find with the same problems so we share and compare.
069 She listened and was very friendly.
074 Had I been physically able to attend.
079 Had my family support at home.
080 Maybe at a later time, but I am on chemo treatments, so not going many places.

086 Have not attended yet.

098 We were told about peer group. Support group are so much help to someone that are hearing and seeing impaired.

144 Was not offered this service.

147 Since I have been visually impaired for 16 years, I do not require a peer group. However, I am very willing to encourage others who may need help!

149 Fantastic

150 I have a large family supporting me.

152 I have not been yet. Plan to go soon.

156 I have not tried this. Plan to do the phone support.

157 I do not drive at night.

173 Did not participate.

181 Will wait until later for this.

182 I used to attend the support group sessions when I was younger and my husband could drive me. I was offered information about current groups and was told they would try to find me a ride. I declined that offer because I would not want to ride with people I don't know.

186 Haven't had a chance to participate yet- expect to start in September.

201 None available in area. Will seek VA support group.

204 I have not been able to attend a peer group discussion at this time, but am looking forward to it in the future.

217 I live with my 60 year old daughter. The only thing I am totally deprived from is driving my car.

227 Because I have an ill husband with slow growing dementia that needs to be fed and cared for.

230 Others are dealing with same difficulties.

231 While still living in my home until a year ago, instructors and family members were my "support group." Both groups were very encouraging.

232 The combination of vision and hearing loss makes it difficult to participate in church, so not sure this would be helpful.

243 I have always been a loner. Even when I could still drive, I never went to the senior centers, being around old people makes me feel old.

257 Did not receive peer support group. Thank you all for your help.

263 I am not ready for a peer support group at this time.

13. Please help use improve the program by marking the areas in which you would have liked to receive more instruction.

002 All were covered

006 For my needs, the help, instruction, training, and supplies are more than sufficient. Very beneficial.

008 Help with a computer. I can thread a needle.

009 Received all the info I needed.

012 The raised dots, calendar, clock and phone with enlarged numbers and letters have made these items easier to manipulate.

013 Able to function at this time. Did not need these services but will later.

016 The instruction on different devices was great. Until my macular problem becomes worse, I am ok.

017 Touch phone

021 Maybe later, I might like to see about this.

027 Received what was needed for my situation.

032 My assistant was amazing. What she has taught me has significantly improved my lifestyle at home. Relieved so much worry and tension.

035 Can see print on medicine bottles and checking bank statements.

045 Library of Congress need more variety.

046 Would like to know more about hearing loss things.

057 I think you are doing a good job.

072 Was given a phone with large #'s – helps

074 Great assistance to me.

077 None that I know of.

079 I did receive a phone with large number and speaker. Great landline.

080 I think it was great in all areas.

083 The talking book player is a true blessing to me.

098 Since I cannot see to read, this sounds so interesting to me.

143 My instructor told me of all the ways she could use her phone. I wish I could have heard more. It wasn't her fault.

144 Moving safely inside the home.

156 Not at this time.

163 I use a cane outside sometimes, but am afraid to walk outside very much. Am very careful.

167 Need holder for phone while I look up numbers. Hard to do this.

168 Very helpful.

170 Especially enjoying the Bible-reading function

181 Use this and enjoy the books very much

186 Need more help with balance and depth perception.

196 Completely satisfied

201 Would like to have more training on phone and will when I attend a VA Rehab Program.

230 Services are to be praised.

232 The talking books have been very helpful and the glasses.

233 How are books chosen to be recorded? Who chooses the readings?

243 I feel that I am functioning in these areas.

14. Tell us the greatest difference this program has made in your life.

002 Could not have survived without their help.

003 More self-confident about things.

005 I can see to read somethings.

006 Being able to take care of my mail, checkbook and most everyday tasks.

007 Gave me the confidence to move around safely on stairs and on the street.

008 I feel safer in my kitchen.

009 The enhanced vision machine made it possible to read and respond.

- 011 Being able to read my mail and sign my name.
- 013 Am able to read small print with my magnifier. Can cook without assistance.
- 014 Help with stronger glasses.
- 015 More confident in my abilities.
- 016 Using my 5 power, I am able to read, shop, and do more detail things over the macular impairment blind spots.
- 017 I can listen to the Bible or use my CCTV to read the Bible.
- 019 Awareness
- 020 Talking clock, red dots on microwave, tape recorder with Bible tape and other tapes I can order.
- 021 Gave me a lot of tools to use to help with my low vision.
- 023 The tools provided me make life easier and tasks quicker. The desk lamp, beanbag desk, magnifier, LED flashlight, the book reader tape recorder.
- 024 Help me do daily chores.
- 025 Hears TV at lower volume.
- 026 I can read my mail better, not perfect but better. It helps me write and address mail and my checks.
- 027 Being able to do daily activities better because of kitchen aids, magnifiers and natural light lamps.
- 028 It improved me much better, and I enjoyed the meetings they were very helpful.
- 029 New ideas have helped me in several areas, especially kitchen.
- 030 I feel more comfortable now.
- 032 I feel as though I can be more self-reliant. I have lost a lot of fears of what steps I might have to take in the future. An amazing change on my outlook of my future. Thank you!
- 033 Using a magnifier to see to read and write.
- 036 Being able to navigate in places other than my home. Also, handle check writing when I pay my bills.
- 038 Placing the sponge button on the appliances, washing machine, and dryer.
- 039 That I can read at all. I was reading with difficulty and then I lost more vision and couldn't read anything. I thought about suicide, but now I can read.
- 040 Being able to read better.
- 041 Boosted confidence and self-reliance.
- 042 The ability to read printed material more easily.
- 043 The talking book program. The talking clock.
- 044 My teacher was so positive and helpful in reminding me of the things I know how to do automatically and providing devices and techniques that enable me to be more efficient. Her encouragement restored my confidence.
- 045 More independent
- 046 Talking books I enjoy. I enjoyed the knowledge of talking money. Like the microwave bowls, the calendar and pen. Paper was given.
- 049 The talking watch and clock really help me. The teacher taught me how to identify the different coins
- 051 It gave me more confidence. There were a lot of things I didn't know about before receiving services. I enjoyed the services that were provided. I wish more people who needed the service would know about it. My brother passed away,

but he was blind and didn't know about these services.

052 Learned some new "tricks" to make things easier.

054 A very helpful program.

056 Being helped to use my stove.

057 My being able to read more in all areas.

060 The glasses help so very much. Since I have the infection, it's hard to read, other than that, I do very well.

061 Being able to know what time it is.

063 I can now answer the telephone because of the large number, also able to make a sandwich.

065 The aids help.

067 Lights and clocks

068 This program has helped me to do things in my home safer as well as safety when in the public, also to count money.

070 Dots to help use microwave and 20/20 pen.

071 It has been very, very good. I can still write my checks. [Name Removed] was the first lady that came out, and was very good. Helped me organize my closet, and fix my washing machine with bump dots. I liked the lined pieces of paper. Everything was very good and accommodating.

072 Help me understand there isn't much more I can do to help with my poor vision.

074 Gave me something to do with spare time.

075 Help me read my mail better instead of someone reading it to me.

076 Some independence

077 Able to have the books read to me.

079 I can read electronic reader. I can use the microwave and laundry machine myself. I can write notes with special marker and see a large calendar. I can dial a number on my large number phone.

080 The magnifier has helped the most! It was also very helpful for learning the communication between my husband and I to navigate outside.

083 This program has enabled me to accept my limitations and to improve what abilities I have.

085 I am able to read again.

087 Encouraging and I became more independent.

088 Tips on safely using microwave. Watch is wonderful. Clock that I can see is a treasure.

090 Can read better.

091 It's been wonderful. Have the talking watch and high blood pressure machine. Everything has been very helpful.

093 The many aids I received are very helpful.

096 Magnifiers help in reading.

097 Gaining independence.

098 With this program and the program I have been through, I know I can read some with a magnifier. I can ask for help and always get it. I don't worry as much about my wife and I leaving our home for a few more years. I can see my watch better, write on lined paper. Overall program with lady that helped.

100 It increased my confidence and launched me into participation in activities.

102 Expanded my friendship circle.
 104 The lamp makes is possible with glasses for me to read and write (a little).
 105 CCTV, clock, buttons for appliances, talking book player
 106 Being able to use phone, clock, and microwave.
 108 Marking my stove, my washer machine and dryer, a pot, and measuring spoons
 and cups
 143 It made me want to learn more of it. My instructor made me feel that I can do
 more as I was beginning to feel awful. She was so bright and helpful!
 144 It has helped me to become more self-sufficient.
 145 I can read! Using the magnifier. I can read long print books.
 146 Restored confidence.
 147 There are so many ways, I hesitate to name one. However, the books from the
 library for the blind have made my life richer. Also, the care and help of [Name
 Removed] and then [Name Removed] have given me greater confidence.
 150 Being able to read, use my oven, and distinguish money.
 151 Being able to continue to live independently.
 156 Tape player, sunglasses, radio for reading newspaper, learning to use keys for
 doors by feeling.
 157 I can see to read and fix my face. I can cook better.
 159 I'm glad we have services you have. It makes us better with handicaps and feel
 like someone cares.
 160 It helped me sign my name, use alarm clock to estimate time/schedule.
 162 To use the machine. I can read the newspaper and any other reading materials.
 Such a blessing.
 163 I use my magnifiers to better see to cook and grocery shop. TV specs to see TV
 some, and my book reader is good.
 164 Large magnifying glass
 165 More confidence in myself. This is a great program for visually impaired.
 166 My mother's able to read her books now with CCTV.
 167 Great service! Please keep.
 169 Helped with various activities around the home.
 170 CCTV, it gives me the ability to read words clearly; such as the directions and
 description that come with medicine bottles, prescription instructions, magazine
 and newspaper articles, and short references in books, especially, hearing the
 Bible read aloud.
 173 Wonderful program. CCTV was a great help.
 176 I have more confidence. I use my tools more confidently and effectively.
 179 Knowing that there is someone to help and that provides aids and support.
 Really has helped having the video magnifier.
 181 The magnifying glass is wonderful.
 182 The electronic reading device has made day-to-day reading possible. I could not
 function without it. It makes reading labels possible, allows me to read my daily
 devotional and any other important reading I need to do.
 184 Can see better with the devices provided and with all other devices and
 information has helped a lot. Thanks.
 185 The wonderful help offered by [Name Removed]. Magnifier, Bible on iPad

186 Helped with sewing. All my clothes were too big and I was able to alter some.
 187 Feel more independent. Can read better with magnifier lamp.
 192 The program help me a lot with my limited vision problems.
 193 Being able to walk/travel safely in city; everything has been helpful.
 196 I feel more secure and am so grateful for the "gadgets" that are helping me
 regain my independence.
 197 Feel more confident.
 199 Enhanced my confidence in doing things and becoming independent.
 200 Safety in using appliances.
 201 More independence
 202 Red Dots help a lot, also light and calendar.
 203 The talking Bible, strong magnifiers, all tips helpful, eatery pod, divided plates,
 etc.
 204 Talking books! I miss reading.
 208 Phone was terrible. Had to replace. The sound and dialing did not work well.
 Key size ok. Placing on receiver was hard to see.
 209 Needs a phone with larger number that I can see. Answering machine that tells
 me who is calling. Can't find one around here.
 214 Made me more aware that others are in the same boat with their vision and that
 there are many things out there to help.
 215 The talking watch very helpful. Really enjoy some of the books (recorded).
 217 Watching TV, reading newspaper, taking Rx as prescribed. Enjoy talking books.
 221 I haven't seen a difference.
 223 I have more self-confidence and am more aware of how to function
 independently.
 224 Magnification tools
 226 Lessen my fear of a future that may include blindness.
 227 Assistance in writing checks, tracking and finances. Reading.
 228 I feel more confident in accomplishing daily activities.
 230 Mobility, increased activity. Talking books, knowledge.
 231 The program, as I lost much vision, has guided and encouraged me in gaining
 compensation skills to save or improve some skills in vision- greatly helps.
 232 Absolutely the Pocket Talker for better hearing. He can hear things he could not
 hear before.
 233 I am very pleased with the program. It has helped tremendously in providing
 enjoyment in my life.
 236 Able to do more for myself now.
 238 Has given me more confidence to strike out on my own.
 239 Makes day to day life easier. Especially taking meds, cooking, etc.
 240 More independent
 242 Help with computer screen, audio books, electronic devices, and vision glare.
 Increased confidence in knowing help is available.
 243 Sewing ability
 245 Independence
 250 The magnifiers, anti-glare sunglasses, and talking watch have been a great
 help.

- 252 Improved confidence in moving about.
- 253 Helped me to remain independent.
- 255 I have the talking date and time device. That allows me to be aware without having to ask anyone. Magnifiers help me see things others would have to read for me. Mirrors that assist me to put on my own makeup. A large print phone so I can dial the phone myself.
- 256 Help reading.
- 258 Equipment helped.
- 259 Knowing [Name Removed]!
- 260 Several things including the light has made a great difference daily. The dots on appliances and the large calendar have been a wonderful addition to my household.
- 263 Having magnifiers to help me read the fine print in my Bible. I am going to buy one of the bigger Bibles from you all next month.

Additional Comments

- 008 We did not talk about hearing loss. I have hearing aids and do ok with them
- 009 My rep, [Name Removed], was very informative and professional.
- 044 Thought it might be necessary at a future time but encouraged by help received through this service that I can remain in my home.
- 026 My eyes are 20/70. I don't drive except in my small town to church and bank. I don't drive at night or in rainy weather.
- 049 I had already left my home and was a resident of an assisted living facility.
- 060 I am healthy and able to do all I ever did living alone with children close by. I garden, can and freeze food, go to church, teach Sunday school in children's department, and sing in choir. The glasses help. I thank you. The help is my reading. I have an eye infection, it's getting better.
- 061 My father is still extremely sharp in his mind, and can sometimes be difficult. [Name Removed] was a Godsend. She made my father very comfortable and is an excellent representative of your program. Extremely sincere, caring, and professional.
- 077 I was in assisted living at the time of services.
- 079 [Name Removed] was the most compassionate person. She really cared and tried every service she could provide especially with the magnifier, and got me to read. It just made my day! She tried every sunglass color on me to look outside and color TV. She gave me that great landline phone with large numbers. She was never a stranger after she came through my door!
- 090 Appreciated [Name Removed] very much.
- 097 Thanks to my most helpful therapist teacher for additional information forwarded. I am grateful for all your services!! This is an excellent program. Recommend more coordination with other agencies involving patients.
- 227 Thank you!! "For such a time as this."
- 242 [Name Removed] is the best!

APPENDIX C: RSA 7-OB Report

Annual Report - Independent Living Services For Older
Individuals Who Are Blind
RSA-7-OB for Alabama Department of Rehabilitation Services -
H177B170001 report through September 30, 2017

Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	476,457
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	291,456
Other federal grant carryover from previous year	0
A. Funding Sources for Expenditures in Reported FY	
A1. Title VII-Chapter 2	489,241
A2. Total other federal	0
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	52,940
A4. Third party	0
A5. In-kind	0
A6. Total Matching Funds	52,940
A7. Total All Funds Expended	542,181
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	195,270
C. Total expenditures and encumbrances for direct program services	346,911

Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

A. Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
1. FTE State Agency	5.6700	7.5900	13.2600
2. FTE Contractors	0.0000	0.0000	0.0000
3. Total FTE	5.6700	7.5900	13.2600

B. Employed or advanced in employment

	a) Number employed	b) FTE
1. Employees with Disabilities	11	3.2600
2. Employees with Blindness Age 55 and Older	5	1.1900
3. Employees who are Racial/Ethnic Minorities	13	4.3300
4. Employees who are Women	41	10.3500
5. Employees Age 55 and Older	19	4.8900

C. Volunteers

C1. FTE program volunteers (number of volunteer hours divided by 2080) 0.00

Part III: Data on Individuals Served

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

A. Individuals Served

1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY	295
2. Number of individuals who began receiving services in the reported FY	749
3. Total individuals served during the reported fiscal year (A1 + A2)	1,044

B. Age

1. 55-59	66
2. 60-64	95

3. 65-69	95
4. 70-74	103
5. 75-79	125
6. 80-84	174
7. 85-89	192
8. 90-94	132
9. 95-99	48
10. 100 & over	14
11. Total (must agree with A3)	1,044

C. Gender

1. Female	771
2. Male	273
3. Total (must agree with A3)	1,044

D. Race/Ethnicity

1. Hispanic/Latino of any race	<i>1 For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	4
3. Asian	1
4. Black or African American	228
5. Native Hawaiian or Other Pacific Islander	1
6. White	809
7. Two or more races	0
8. Race and ethnicity unknown (only if consumer refuses to identify)	0
9. Total (must agree with A3)	1,044

E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	66
2. Legally Blind (excluding totally blind)	466
3. Severe Visual Impairment	512
4. Total (must agree with A3)	1,044

F. Major Cause of Visual Impairment

1. Macular Degeneration	529
2. Diabetic Retinopathy	86
3. Glaucoma	171
4. Cataracts	31
5. Other	227
6. Total (must agree with A3)	1,044

G. Other Age-Related Impairments

1. Hearing Impairment	391
2. Diabetes	327
3. Cardiovascular Disease and Strokes	724
4. Cancer	165
5. Bone, Muscle, Skin, Joint, and Movement Disorders	554
6. Alzheimer's Disease/Cognitive Impairment	121
7. Depression/Mood Disorder	121
8. Other Major Geriatric Concerns	461

H. Type of Residence

1. Private residence (house or apartment)	900
2. Senior Living/Retirement Community	65
3. Assisted Living Facility	58
4. Nursing Home/Long-term Care facility	21
5. Homeless	0
6. Total (must agree with A3)	1,044

I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)	290
2. Physician/medical provider	11
3. State VR agency	80
4. Government or Social Service Agency	156
5. Veterans Administration	0
6. Senior Center	3
7. Assisted Living Facility	5
8. Nursing Home/Long-term Care facility	4
9. Faith-based organization	1
10. Independent Living center	3
11. Family member or friend	240
12. Self-referral	219
13. Other	32
14. Total (must agree with A3)	1,044

Part IV: Types of Services Provided and Resources Allocated

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

A. Clinical/functional vision assessments and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	7,680	
1b. Total Cost from other funds	853	
2. Vision screening / vision examination / low vision evaluation		341
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		0

B. Assistive technology devices and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	105,814	
1b. Total Cost from other funds	11,757	
2. Provision of assistive technology devices and aids		881
3. Provision of assistive technology services		927

C. Independent living and adjustment training and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	198,479	
1b. Total Cost from other funds	22,053	
2. Orientation and Mobility training		193
3. Communication skills		681
4. Daily living skills		822
5. Supportive services (reader services, transportation, personal)		3
6. Advocacy training and support networks		139

7. Counseling (peer, individual and group)		370
8. Information, referral and community integration		483
. Other IL services		585

D. Community Awareness: Events & Activities

	Cost	a. Events / Activities	b. Persons Served
1a. Total Cost from VII-2 funds	248		
1b. Total Cost from other funds	27		
2. Information and Referral			0
3. Community Awareness: Events/Activities		569	9,453

Part V: Comparison of Prior Year Activities to Current Reported Year

A. Activity

	a) Prior Year	b) Reported FY	c) Change (+ / -)
1. Program Cost (all sources)	560,925	489,241	-71,684
2. Number of Individuals Served	1,024	1,044	20
3. Number of Minority Individuals Served	229	235	6
4. Number of Community Awareness Activities	631	569	-62
5. Number of Collaborating agencies and organizations	86	167	81
6. Number of Sub-grantees	0	0	

Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	927	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	608	65.59%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	316	34.09%
B1. Number of individuals who received orientation and mobility (O & M) services	193	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	119	61.66%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	73	37.82%
C1. Number of individuals who received communication skills training	681	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	444	65.20%
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	237	34.80%
D1. Number of individuals who received daily living skills training	822	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	563	68.49%

D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	259	31.51%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	704	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	0	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	24	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	14	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	4	n/a

Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

Continuing to provide funding for grants like the Independent Living Services for Older Individuals Who Are Blind (OIB) Training and Technical Assistance Program Grant that was awarded to Mississippi State University is needed. MSU continues to bring OIB programs together through training conferences, conference calls, and a listserv. More of these activities are needed so that programs can share information and best practices with one another. This type of TA will be even more important when the new 7-OB format/report is implemented. Technical assistance in regard to recruiting and training qualified Vision Rehabilitation Therapists is always needed.

Part VIII: Narrative

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

The Alabama Department of Rehabilitation Services (ADRS) manages older blind services funded under the Title VII-Chapter 2 program as the Older Alabamians System for Information and Services (OASIS) program. When fully staffed, services are provided in all 67 counties through a network of 20 Vision Rehabilitation Therapists (VRTs) and six Orientation and Mobility (O&M) Specialists positioned in 12 ADRS offices. O&M positions are based in Huntsville, Birmingham, Dothan, Montgomery, Mobile and Tuscaloosa to provide these services across the state. In order to provide services in underserved areas the program utilizes contract O&Ms which provided 70 hours of instruction to 14 consumers in underserved areas in FY 17. Three VRT positions are employed at 1.0 FTE using Title VII-Chapter 2 funds, devoting 100% of their time to the Program. The remaining 17 VRTs and the six O&M Specialists are employed with funds provided by ADRS and the Alabama Institute for Deaf and Blind, devoting 25% of their time to the program for direct services to OASIS consumers. All staff are provided Title VII-Chapter 2 funds to purchase needed aides for independent living instruction and assistive technology such as CCTVs, handheld electronic magnifiers, and OCR devices. In addition to in-home services, center-based services are available as needed through a partnership with the Alabama Institute for Deaf and Blind Regional Centers in Huntsville, Birmingham, Muscle Shoals, Tuscaloosa and Mobile. Administratively, the OASIS program is part of the Blind and Deaf Services division of ADRS. At no cost the Program Director (approximately .25 FTE) oversees the personnel and fiscal management of the program, public relations, and the reporting of activities. Additionally, and again at no cost to the program, the Coordinator of Vision Rehabilitation Therapists and Orientation and Mobility Specialists (approximately .25 FTE) organizes staff training, recruits applicants, and reviews the quality of services provided by staff. The Program Coordinator (one FTE) manages the daily operations of the program and directly supervises the three full time VRTs funded by the program in addition to two full time support staff.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

The Alabama Department of Rehabilitation Services seeks to incorporate the unique approaches in the implementation of the Title VII-Chapter 2 program into the State Plan for Independent Living under Section 704 of the Rehabilitation Act of 1973 as amended. Of note are several methods and approaches implemented and/or maintained in fiscal year 2017. In FY 16 a statewide needs assessment with staff and consumers identified that our current functional assessment needed revision to reflect current consumer needs. In November 2016 we implemented a workgroup of senior VRTs and administrators to develop revisions. Implementation of these revisions into our case management system is ongoing and is expected to be fully incorporated in FY 18. OASIS maintains an Advisory Council that consists of over 20 agencies, organizations and consumer groups that serve seniors, persons with visual impairment or blindness, or both. The Council meets quarterly and forms the basis of many collaborative partnerships for the OASIS program while learning about available services from other groups. This year the Eyesight Foundation joined the Council and shared their new

initiative with Prevent Blindness to create the Alabama Vision Coalition. This Coalition is meeting regularly, and OASIS is represented by the Program Director in the Coalition. One of our partners on the Council is the Middle Alabama Area Agency on Aging (M4A). We participate in their quarterly meetings, and in their Blooming Benefits Day in Jefferson, Shelby, Chilton, Blount, and Walker counties which are great avenues to increase community awareness. OASIS participated in their public hearing and is a member of their advisory council as well. OASIS continues to collaborate with the Department of Veterans Affairs Southeastern Blind Rehabilitation Center which is also represented on our Advisory Council. OASIS staff participated in the VA Center's White Cane Day awareness event in October 2016. Also, the Visual Impairment Services Team Coordinator in Tuskegee led a session during one of our staff trainings in November 2016 on Veteran's services and medicine management. Similarly, we have a working relationship with the UAB Center for Low Vision Rehabilitation as they serve many seniors statewide who have vision loss and are a common referral source for consumers. This year UAB also hosted opportunities to meet a vendor for the eSight augmented vision devices which our staff were able to take advantage of. UAB's Connections Support group is involved in our support group leader's regularly scheduled conference call. During these calls we have heard from transportation resources, medical educators, and have shared resources and ideas. OASIS maintains affiliation with 30 support groups throughout the state of Alabama through the support of our VRTs and O&Ms. A majority of these support groups are in rural areas helping staff locate resources for consumers and assisting consumers in finding out about our services. This year the OASIS Coordinator held conference calls for support group leaders to learn of resources and strategies. Also, a statewide email list of over 100 names provides these groups with information and resources and is maintained by our Coordinator of Rehabilitation Teachers and Orientation and Mobility Specialists. OASIS continued its Camp SAVI (Seniors Adjusting to Visual Impairment) for the sixth year. This year's event was held April 9-14, with seven consumers and five support persons participating. A collaboration between OASIS, AIDB's Gentry Facility, and the UAB Department of Optometry participants were given low vision, hearing, and technology assessments. In addition they were provided with comprehensive independent living and adjustment to blindness training. Support persons learned more about vision and hearing loss, the adjustment process, and how to assist their loved one. In addition to training in independent living skills, a visit to the Anniston Museum of Natural History allowed participants to explore and practice self-advocacy for accommodations with the idea that they will learn to ask for accommodations in order to enjoy similar attractions in their home community. OASIS and the American Foundation for the Blind/ Vision Aware have a working partnership maintaining 16 information kiosks on low vision and blindness located around the state, which are maintained by ADRS VRTs. OASIS also purchased licenses to access AFB's online training on a variety of topics related to seniors with vision loss. Several current staff have completed the 20 training modules and new staff are expected to complete it. During FY 17 the OASIS Program Coordinator and the Coordinator of Vision Rehabilitation Therapists and Orientation and Mobility Specialists participated in the 21st Century Agenda on Vision Loss and Aging. Both have participated in a goal group focused on providing qualified services, and in a sub-group on hiring and training qualified staff. The Program Coordinator also

participated in a sub-group on identifying and implementing best practices for older blind services. This led to him representing the agenda on Mississippi State University's Best Practices Workgroup which brought national stakeholders together to identify best practices. ADRS is a supporter of staff training for its VRT and O&M Specialists to improve and enhance their ability to serve consumers effectively. One in-service training was held in March 2017 focusing on areas of the functional assessment that needed remediation and additional training. Specific training was held on working with diabetics, Veteran's services, ethical practices, and iOS devices. Staff also participated in our agency's annual Blind Services Retreat, the Alabama AER Conference, consumer group conferences to include NFB & ACB, and other local trainings. For out-of-state training the program Director, Coordinator, and the Coordinator of Vision Rehabilitation Therapists attended the AFB Leadership Conference in Arlington, VA which provided a track for older-blind program administrators. In addition to direct training the Program Coordinator and the Coordinator for VRTs and O&Ms initiated regular case reviews for our staff. Files were reviewed on staff in Homewood, Montgomery, and Mobile. In each area OASIS cases were reviewed for the quality of the casework, adherence to policies, and overall case management. This resulted in training opportunities with staff and their direct supervisors. In this year staff completed 569 community awareness activities, reaching an estimated 9,453 people and 86 local community agencies. Also, an OASIS Advisory Council member and former consumer was highlighted in our 2017 Annual Report for ADRS which is provided to legislators and others to inform them on ADRS programs and services.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

A Consumer Satisfaction Survey was distributed to each OASIS consumer at program closure during fiscal year 2017. Consumers were told that their participation was voluntary and that their responses would be confidential. Findings from analysis of 263 returned surveys indicate that 98.8% of respondents agreed or strongly agreed that services were provided in a timely manner. Further, 99.2% of respondents agreed or strongly agreed that VRTs were attentive and interested in their well-being, that their VRT were familiar with blindness-specific techniques and aids, and that they were satisfied with the quality of services received. Consumers responded to questions regarding services related to their ability to travel safely and independently in their home and/or community, complete tasks in the home (i.e. use appliances, cook safely, clean and organize their home, etc.), use of a magnifier to complete tasks, their dependence on others in performing daily activities, their perceptions of control and confidence in maintaining living situations, and sufficient instruction of devices and equipment. For each of these questions, consumers were asked if they agreed or disagreed with each of the statements related to each service area. If they did not receive/request a specific service, they were also asked to provide this information. Note that percentages for each service may not total 100% due to rounding. When asked about their confidence to travel in the home and community after receiving services, 58% of consumers strongly agreed they were more confident, 41% agreed, and 2% (n = 1) strongly disagreed. One hundred and forty consumers reported that they did not receive this service, of which four said they would have liked to receive this service. When asked

about completing tasks in the home, 57% of consumers strongly agreed they were better able to complete these tasks, 41% agreed, and 2% (n = 4) disagreed. Fifty consumers reported that they did not request this service. When asked about their ability to use a magnifier to complete tasks, 67% of consumers strongly agreed they were better able to complete tasks, 31% agreed, and 1% (n = 1) strongly disagreed. 17 consumers reported they did not request this service, of which four would have liked to receive this service. Of consumers receiving services, 48% strongly agreed they were less dependent on others, 48% agreed, and 4% (n = 9) disagreed that they were less dependent on others. When asked about functioning before services, 51% strongly agreed they now have greater control and confidence in their ability to maintain their current living situation, 46% agreed, and 3% (n = 7) disagreed feeling less control and confidence. Among consumers receiving instruction on devices or equipment, 57% strongly agreed that their instruction was sufficient to ensure use of the device, and 40% agreed, 1% disagreed, and 2% would have liked more instruction. 83 consumers reported they did not request this service. (Note that the question asks about specific devices: CCTV, digital recorder, pen friend, or reading machine.) When asked if they found peer support groups helpful, 19% strongly agreed, 13% agreed, 1% disagreed, 12% said they were not given information about peer support groups, and 55% said they were not interested in attending a peer support group. In addition to demographic questions, the survey included questions regarding changes in vision and health over the previous year. Results indicated that 65% of consumers had experienced reduced vision, 3% had improved vision, and 31% had stable vision. With respect to overall health, 32% reported that their health had worsened, 5% reported improved health, and 63% reported stable health. Consumers were also asked if they had considered going into a nursing home before services and if services had helped them remain in their homes. 24% of respondents reported they had sometimes or often considered a nursing home and 76% reported that OASIS services had helped them remain in their homes. Overall, these results demonstrate the high quality of services and the substantial benefits consumers received from participating in the OASIS program. A copy of the complete program evaluation report conducted by Mississippi State University's National Research and Training Center will be available in early 2018.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

A total of 1,044 persons were served by the OASIS Program during FY 17. 674 of those individuals completed their program with their VRT and/or O&M Specialist receiving 2,821 total hours of instruction, an estimated \$158,110 of equipment, and reporting greater control in their ability to maintain their current living situation. The program also purchased \$28,311 in new assistive technology and recycled 71 pieces of assistive technology to consumers for reading or accessing print. For consumers in underserved areas 70 hours of contract orientation and mobility instruction was provided to 14 consumers. Demographically 75% of the population was 70 years of age and older, and 25% were "Baby Boomers" (age 55-69). With consumers served reported being 77% white and 22% African American, which is consistent with the 2010 Census data for people 55 and older, at 78% and 20% respectively. Macular degeneration, diabetic

retinopathy and glaucoma continue to be the most common cause of vision loss experienced by consumers. The leading secondary conditions for consumers were in turn cardiovascular disease, bone; muscle and joint disorders, hearing impairment, and diabetes. Each consumer participates in the development of an Individualized Plan for Rehabilitation Teaching or an Individualized Plan for Orientation and Mobility. In FY 17, 822 individuals were provided daily living skills training, 681 individuals were provided communication skills training, 193 individuals were provided orientation and mobility training, and 881 individuals were provided assistive technology training. Below are examples of consumers who were served in FY 17. Consumer A lives in Mobile County. Her vision loss is due to diabetes. Additionally she has had one leg amputated below the knee. Consumer A was instructed in methods that would allow her to manage her medications. Working in partnership with the home health nurse, Consumer A was taught to use a talking meter to test her blood and large print materials to record the results. She was also taught marking and labeling methods to help her organize her medications. Consumer A learned to devise a marking system for food and clothing. In the kitchen Consumer A was taught several adaptive techniques that will allow her to safely prepare food. This included the use of several small appliances for alternative methods. One of her favorites is her table top grill and with the grill Consumer A is able to prepare some of her favorite foods again. Consumer A was also encouraged to attend a diabetic education class where she learned additional needed information. This was used to reinforce the lessons taught in home management and nutrition. She also is attending a low vision support group for seniors which has helped with the depression and loneliness she was feeling. Consumer B is a 57 years old man who lives with his wife in Dallas County. The consumer was diagnosed with Glaucoma about 10 years ago, but recently his vision has been decreasing. His level of physical activity was very low, but he was interested in using a long cane to travel around independently. Cane techniques were taught and Consumer B demonstrated a proper use of the cane when he was traveling around his neighborhood. The O&M practiced with the consumer two new routes in his neighborhood. After providing services, the consumer was able to take the trash to the dumpster by himself regularly. He was also able travel to the apartment's mailbox and get the mail independently. The consumer learned the routes and reversed them using the correct cane techniques. In each lesson, the O&M could notice that the consumer practiced between lessons and that he was improving his cane techniques. The consumer was always motivated for the O&M training. After the training, the consumer's wife was very happy and thankful because the consumer was helping her with the trash and getting the mail. That was a big help for her. The O&M also taught sighted guide techniques to Consumer B and his wife who is a wheelchair user. The O&M modified some of the sighted guide techniques so the consumer could travel effectively with his wife. Before they learned the sighted guide techniques the consumer and his wife had some difficulties when they were traveling outside the house. After they learned these techniques, they expressed that the sighted guide techniques were a big help when they were navigating in stores as well as other places. The consumer and his wife were very thankful after O&M training was provided since it made a big improvement in their life. Consumer C is an 82 year old women who lives in Marshall County. Her vision loss is due to macular degeneration and she also experiences dry eye and Charles Bonnet Syndrome. She lives at home with her

husband and her goals were to be able to read her Bible along with other print materials. An evaluation on a near reading chart indicated that she could read on the 20/500 line comfortably. Optical magnifiers were provided, but proved to be unsuccessful. She was then evaluated for a CCTV. Consumer C was instructed in the use of a returned CCTV that would allow consumer to read mail, the Bible, and recipes. She was also taught in the use of eccentric viewing techniques. Consumer C was instructed in glare control and using the dark amber filtered sunglasses for outdoor use and the yellow filtered sunglasses for indoor use. She was presented with acetate paper to place over reading material to reduce glare. Consumer C found that the adaptive sunglasses with the acetate paper efficiently reduced the problem of glare consumer had been experiencing on some reading materials. In addition to these aides, She learned to use the National Library Service, large print materials for writing notes, and medicine organizers to manage her medications. As a result of these services she is less dependent on her husband and is more active in the home. Consumer D is a former ER nurse who has retinitis pigmentosa. She lives in a rural part of Jefferson County next door to her daughter. At the time of her initial assessment her VRT learned that she had plans to go on a trip to Europe and would like to learn mobility skills to be able to travel safely and independently. Through her plan she was provided contract O&M services prior to the trip, which allowed her to successfully navigate the locations she visited. During her assessment she also developed interest in several other areas to prepare for her trip. Consumer D was instructed on the available writing aides for taking notes and keeping appointments along with how to use 5 plus readers for accessing print. She was also instructed in the use of talking timepieces to help manage time. In order to better manage indoor and outdoor glare she was provided light filtering glasses. She was also taught tactile money identification techniques to organize and identify her money. Consumer D was taught techniques for finding electrical outlets for plugs and entering her key into her door. In addition to these skills and devices, Consumer D was taught to use tactile markings to use her stove and thermostat. She was also referred to the NLS and learned to use the player to access the Bible. Her VRT provided her with strategies to use her iPad and computer more effectively as well. For Consumer D this training led to a safe and successful trip to Europe and increased independence at home.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

Our program continues to have difficulty in finding highly qualified applicants for vacant positions. It is also a challenge in regard to the amount of time and effort it takes to train lesser qualified staff to serve consumers. We need more VRT and O&M training programs and/or better ways to recruit graduates of those programs to our state. Another concern is the effect of the expected growth of the Baby Boomer Generation that will need our services, as they already make up 25% of FY 17 consumers. Increasing numbers in some of the underserved populations continues to be challenging despite efforts to increase referrals within those populations which includes the Hispanic community. In addition, the continuous increase in operating costs related to salary/benefits, supplies, rent, etc., with no increase in our Federal Grant is a concern for our program going forward. We are concerned that without new or increased

revenue our program will be challenged to keep up with the demand for services without cutting the scope and quality of services provided.